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Original Articles.

SOME THOUGHTS ON "DOS AND DON'TS, DISCUSSED."

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"Kindly, instructive, gentlemanly" is the verdict entered by this court on "dos and don'ts discussed." (Article by J. W. Vance, M. D., Madison, Wis., in Sept. JOURNAL.)

The doctor has shown his goodness of heart in his pleasant criticism, so different from the style in which some doctors "hop onto" the opinions of another with whom they may in some respects differ. Why cannot this always be the case where "doctors differ?"

In the matter of the forceps, I will admit that my clientele differs very much from those found in large towns and cities. They are mostly of the class that have to work too hard; always active in the open air, eating regularly and getting regular sleep, the muscular system is usually sound.

I have found very little of the flabby and scrofulous taint which seems to me to be the cause of inert uteri and lacerations.

When at full term the procreative functions get to their work as if they had a job on hand and in due time it is done, and well done. It is not the instrument I blame, but the man who uses it, listen to the following from the pen of Jno. F. Wynn, M. D., in the *Richmond Journal of Practice*, page 312. "That lacerations and contusions of birth-canal do occur as a result of an unskilled use of the forceps must be admitted; but it is fair to lay the blame upon the instrument, when the operator, in many instances, is but a novice; or if strengthened by years of experience proceeds to deliver with criminal haste, simply that he may be relieved from the tedium of watching, and be free to visit others in waiting."

That *about covers the ground.* It is the temptation to criminal use of the instrument that is the curse. While in twenty-five years I have seen one time when I thought I needed them, a brother doctor not ten miles from me, in a similar clientele, used them ten times and performed craniotomy three times, all in ten years. Except a pair of scissors, used in cutting the cord, no instrument has been used on a single child by myself.

"Pulling on the cord all it will bear." I had to smile when the doctor related his mishap in breaking it. But here he did not carry out the injunction he imposed in "the crede"—"don't overdo it."

There are cords and cords, some mere strings with consistency only enough to hold them together. Some three-fourths of an inch in diameter, covered with fatty tissue and able to bear quite a pull. In no case should we use any more force than they will probably bear, as a break gives you a "time of it." I was sent for twelve miles to remove a placenta, the cord of which had been broken by the midwife. It had been incarcerated for eighteen hours and the os contracted about it as tight as "dick's hat band." Although detached when removed, there was scarcely any hæmorrhage. The reason perhaps that I have never broken has been that I did not overdo it. A very neat plan, in place of coiling around the finger to tighten it, have ready two or three pieces of dry cotton cloth, 2 x 3 inches, tighten the cord, then fold one of the pieces around the cord close to the vulva, then take hold with the left hand two fingers and pass the right hand two fingers along the cord. As the placenta comes down another piece can be placed nearer, if desired—but usually only one piece is necessary.

Don't forget your chloroform bottle and have some in it. I have never seen a case of hæmorrhage caused or encouraged by its use.

My confrere says he has found one case in which it caused entire cessation of the contractions 'till effects have passed off. I have also seen one—both cases were negroes. Otherwise the effects, carried just to relieve pain, have been all that was desired, *i. e.*, relief of pain, relaxation of muscular tension. The question as to overdoing "the crede" is to my mind a little misty.

If you do not overdo the old method you don't do "the crede," and if you do not overdo "the crede" you do not do it at all but only do the old method. How is that for clearing up the mist?

I had a case last night, in which the little woman had for over a month suffered with a constant pain, as she said "at the naval." I had ordered a supporter which remedied the trouble somewhat, but when I came to deliver the placenta she said, "please don't press on the womb it is as sore as a boil." How would two hands with steady firm pressure and kneading suited her? How did I get the placenta? Five drops of chloral hydrate and a few whiffs of chloroform and with light kneading with one hand and pulling on the little string of a cord all it would bear and a little help with the fingers. It was all over in a few minutes.

Turpentine in the form of a tea—(sugar and turpentine triturated and hot water added to taste)—I have found the pleasantest relief for these sore feelings so much complained of, as it seems to cure them and render a purgative less necessary. The dilatation of perineum (No. 15) of course do not overdo it—ordinarily the perineum in my country practice is elastic. I have had but one laceration in a woman primipara thirty-two years old, but of the scrofulous taint I spoke of. It is curious how different people are as to the toughness of the skin among the whites. Among the negroes I found the hypodermic needle pass easily—while in thirty per cent. of the whites the needle passes only with very considerable force. Now in those of scrofulous taint the skin is tender and the muscles tear easily, and it is these subjects that, if possible, require all the dilatation they can have. So far from any complaints there seems to be none. But my intention, when recommending dilatation, was from the *first of regular labor* had set in. Usually in my cases there is seldom more than two or three hours of regular labor—often less than half an hour. This is the time when I commence to dilate.

As to position during labor—any position the woman desires should be allowed, but when the head has descended sufficiently a half-side position I think best. The left leg is laid flat to the bed, the right, (bent) is held at an angle of forty-five degrees. You are behind the woman and can either use the left hand on abdomen, or it is handy to help the right. The woman's right

leg rests against your left shoulder. You are in position to aid the head by gently forcing back the vulva or by pressing the fingers of the right hand down between the thigh and vulva aid in preventing inpaction of head; at same time a little pressure by the finger in the anus against the coxia helps the perineum. Don't forget that the weight of the child will aid you in a pinch. The knees of an attendant suits very well. (The husband who is usually loafing around, can be made useful as well as ornamental for this purpose). The body bent over as if at stool will materially aid expulsion. At same time chloroform in moderate quantities can be given as the exertion of straining obviates any troubles. I read also that there should be no pulling by the head after it has passed the vulva. As soon as I can get my fingers around the chin, I support the head 'till I find the cord is not around the neck, then with left hand on abdomen induce a pain—then with both hands and a steady swaying, or swinging motion relieve the shoulders. Again, with left hand, note if uterus has followed, then remove the body and legs. Is this right? Perhaps not, but I find no unpleasant after effects and the sigh of relief and "thank God" assures me my patient approves. We hear that it is the sharp shoulders as they pass the perineum produces the laceration. Please watch the process of shoulders passing once and see if you ever saw a neater adaptation to circumstances. I am of opinion the vulva and perineums lacerated are not of sound material—*i. e.*, scrofulous taint.

I have seen three women in one house with lacerated perineum, negroes, but was told, when I proposed to close them, (desiring a little practice to make perfect) the granny had used a knife to enlarge the opening, advising them not to have it closed, as "they would have their other children easier afterward." Except women who have been attended by this granny (negro midwife) I have heard but of one lacerated perineum among the negroes.

Don't expose your patient any more than you can possibly avoid. A lady, a stranger sent fifteen miles to me to attend her—she remarked "Doctor, I have sent for you having heard

you were a gentleman and had some modesty, my other attendants seem to have no respect whatever for a woman."

From what I have heard and read there is too much of rudeness and lack of dignified, kindly modesty among professional men. A needless exposure of a woman's person is simply brutality, nothing else. Every stage of an ordinary accouchment can be carried through without any exposure at all, and any ungentlemanly exposure should subject the party to a personal account.

A STRANGE COINCIDENCE.

By Walter E. Anthony, M. D., Providence, R. I.

There is a little old farm house on Wauchusetts mountain around which cluster memories of happy hours spent in summer idleness; an idleness that was restful for both body and mind.

It was built probably sometime during the latter part of the last century, as the architecture is of the style then in vogue; a two-story front rising to a peak, and a slope down to one story in the rear.

The last occupant had added a small veranda where a hammock could be swung, and one might lie and look across a stretch of country covering an extent of fifty miles. Villages, ponds, woodlands and meadows were embraced in the view.

Being elevated about 2,000 feet, it was frequently enveloped in clouds, and occasionally, when they were very low, the house would be in sunshine, while one could look upon the upper surface of the cloud stratum, which resembled a billowy sea. The mountain assumed various phases according to the play of light and shade.

The house stood near the road, and back of it was a pasture lot of 60 acres where grew in profusion the largest of huckleberries, while raspberries and blackberries were plentiful along the walls bordering the road. A large barn filled with new mown hay made a delightful retreat to take a siesta on a fragrant bed.

The house was occupied from May to November by a lady

and her maid. She was past middle age and unmarried. Her maid, more a companion than servant, was an orphan about eighteen years old, and had lived with her from childhood. For several weeks each summer for a number of years I have enjoyed the hospitality of the hostess, who was a lady of cultivated tastes, with a nature keenly sensitive to all that was beautiful in nature. She was also proficient in the culinary art, and the many friends who enjoyed her hospitality were treated to improvised dinners and lunches which could not be excelled by any professional chef. She had an extensive acquaintance among literary people, and among the names inscribed in her guest book were those of Thoreau, Emerson, Garrison, Alcott and others well known in the literary world. The house, being located on that part of the mountain from which the best view was obtainable, was often visited by strangers who were always made welcome.

One afternoon I noticed a young man coming up the road. He was undoubtedly on a pedestrian tour. A small traveler's knapsack was strapped over his shoulders, and in his hand he carried an Alpine climbing stick.

Arriving opposite the house he sat down on a stone wall. Removing his hat, and unslinging his knapsack, he took from it a miniature alcohol stove, which he adjusted and lighted. Filling a tin cup with water from a spring near at hand, proceeded to make coffee. I walked to the place where he was sitting, and invited him into the house. He replied in French, thanking me, and said that he could not speak English, but could understand it fairly well. I informed him that both the hostess and myself were conversant with his own language, and we would be pleased to have him come in and take dinner with us.

He accepted the invitation, and introduced himself as a student of the Polytechnic School of Paris, who was passing his vacation in a neighboring city, and was walking for pleasure. He did not give his name at the time, but at the request of the hostess he inscribed it in her guest book before leaving—Felix Latour, Lyons, France. He proved to be a very agreeable companion, and we passed a pleasant afternoon. As he was

about to depart, a sudden thunder storm burst over the mountain, and he was prevailed upon to stay over night.

During the evening he entertained us with demonstrations of his power as a hypnotist. Neither the hostess, nor myself, were good subjects, but with the little maid he succeeded perfectly. He held a perforated silver coin suspended by a string about two feet from her eyes on the same level. This he twirled with his fingers directing her to look at it steadily.

Within a few minutes, she was completely under his control, and obeyed his every suggestion. When his arm was raised to manipulate the coin, I noticed a singular mark upon his wrist just above the wristband, and which the position of his arm had exposed. It was a ring of bright red color about half an inch in diameter in the center of which was what resembled a figure eight. It impressed me at the time as the most singular birthmark I had ever seen.

He controlled the actions of the little maid without speaking to her. Directing her mentally to do certain things that we suggested to him by writing on a slip of paper which she could not see; such as going into another part of the house for certain objects, finding a certain paragraph or sentence in some book, etc. Then came a singular test. Speaking to her he said, "*Havez vous pas quelque chose a dire?*" (Have you not something to tell?) After a moment, turning to me, she replied in perfect French, of which she was wholly unfamiliar.

"You are wanted in P———. A friend is dying, and calling for you. I don't know who he is, but he is an old man and he sends you this message—taking my hand she gave me the masonic grip.

After a short time she came out of her trance, and had no remembrance of anything she had said. I did not give the matter of which she had spoken any serious thought, never having had any personal experience in occultism. I did think it singular, however, that she was able to give the masonic grip.

The next morning our visitor departed, after thanking us for our hospitality, and extending an invitation to visit him at his own home if we ever were in his country.

The mail stage arrived daily at the village at noon. That day it brought me a letter informing me that my old friend and preceptor, Dr. G., had been stricken with paralysis the night before and had expressed a wish to see me. I immediately went to him, arriving in the early evening. His first greeting was a masonic grip. I was able to attend to some business for him, writing a letter at his dictation. His extremely feeble condition and his difficulty of speech rendering him incapable of any sustained effort, and at the end of two hours when the letter was finished, he went into a sleep from which he never awoke.

A few years later I was in Paris, and revisited the scenes of my student life in the Latin quarters. I found a number of changes had taken place. One street with which I had been familiar was being widened into a boulevard. I stopped in front of a high building, which was being torn down, to notice the manner in which the scaffolding was erected. The uprights were tapering poles of pine or spruce trees, just as they were cut from the forest. These were set in a little heap of cement on the sidewalk, which, when it had hardened, held the foot of the pole in place. The cross pieces were tied or lashed, and not nailed. As I was examining the work a man passed me and hastily ascended a ladder to the top of the building. He had two rolls of paper or parchment under his arm. I judged him to be one of the supervising architects employed on the work.

Continuing my walk, I had not gone more than a hundred feet when I heard a crash. I turned and saw that the upper portion of the scaffolding had fallen, and a man was partially buried beneath the debris.

In an incredibly short time a crowd of several hundred people gathered. Within three minutes four *gens d'armes* arrived with a covered litter, upon which the body was placed, and borne to a neighboring station house.

In an evening paper I read this notice: "About two o'clock this afternoon an uuknown man fell from the top of building number 30 Rue D. Angleterre. The lashing of the scaffold had in some manner become loosened, causing it to give way. There were no papers upon his person by which the body could be identified, and it was removed to the morgue."

The next morning I visited the Notre Dame Cathedral, and upon emerging, I saw a body being removed from the ambulance to the morgue which is in close proximity to the Cathedral. I followed the crowd, not that I had any penchant for horrible sights, but to visit the building which was one of the contrasting sights of Paris.

It was a long low interior, and one end was partitioned by glass, in front of which was a railing, and behind which there were a number of marble slabs slightly elevated at the head, upon them the bodies of the unknown dead are displayed for twenty-four hours. A jet of water is kept constantly spraying them, while on the hooks back of each table is hung the clothing found upon the body of the deceased. There were about a dozen bodies exposed at the time I entered, and while awaiting the preparation of the one just brought in, I entered into conversation with the *gen d'arme* in attendance. Recalling the accident I had witnessed the day before, I asked him to show me the body. He indicated the one on the last table, the end one being vacant. Passing in front of the body, I was astonished to recognize the mark I had seen upon the arm of the visitor at the farm house on Wauchusetts. A close inspection satisfied me that it was indeed "Latour."

Just then the body which had been carried in before I entered, was placed upon the slab adjoining.

Conceive of my surprise to recognize it as that of the little maid whom Latour had hypnotised two years before and which a singular fate had brought to rest beside him in death.

I learned later through the American Consul that our hostess from Wachusetts had arrived in Paris a few weeks previously and had died suddenly from heart disease the day before. It was supposed that the mind of the little maid, overwhelmed with grief, had become unbalanced, and in a fit of despondency she had committed suicide by drowning in the Seine; her body finding a place in the morgue next to the former technology student at a time when I happened to be there, thus completing a chain of most extraordinary coincidences.

THE GENERAL THERAPEUTIC EFFECT OF THE ALTERNATIVE ELECTRIC CURRENT OF HIGH FREQUENCY AND OF HIGH TENSION.

By Dr. G. Apostoli, of Paris.

[Read at the recent meeting of the British Medical Association. Dr. Apostoli, together with Dr. Berlioz, on the 18th of March, 1895, presented a paper on the above mentioned subject to the Academy of Sciences of Paris. He now, after longer and riper experiences, desires to present a summary statement of his general conclusions:]

1. According to Professor d'Arsonval's discoveries alternative currents of high frequency and of high tension, exert a powerful action upon all living bodies submitted to their inductive influence.

2. The best method of applying these induced currents is to place the patient, free from all contact with electrodes, in the circuit of a large solenoid traversed by these currents.

The patient being thus completely insulated, the currents, which circulate in his body by *auto-conduction*, have their origin in his tissues. The body plays the role of a closed induced circuit.

3. By this method the physiological discoveries of Professor d'Arsonval are confirmed and we are able to prove the powerful influence of these currents upon the *vaso motor* system—although they produce absolutely no sensation and although they have no apparent effect upon the motor or sensory nerves.

These currents have nevertheless a powerful action upon all the nutritive functions; as has been verified by Dr. d'Arsonval's numerous analysis of the gaseous products of respiration and by Dr. Berlioz's not less numerous analysis of the urinary excreta.

4. The general therapeutic applications to be deduced from this physiological action are confirmed by clinical observation.

Dr. Apostoli has now treated more than a *hundred* patients by this method at his clinic and at his private consultation rooms. The greater number of his patients have been greatly benefited by this new treatment which, be it remarked, has been used to the exclusion of all other forms of medication, dietetic or otherwise.

5. These currents exert in the majority of cases a most powerful and generally beneficial action upon diseases due to *slackening of the nutrition* by accelerating organic exchanges and

combustion. This is proved by analysis of the urine made by Dr. Berlioz, of which the following is a brief *resume*:

The quantity becomes more normal; the products of organic waste are better eliminated.

The *increased combustion* is shown by the diminution of *uric acid*, while the percentage of *urea* is generally increased. The relative proportion of these two substances changes under treatment so as to reach in general the figure of 1.40.

The elimination of the mineral products is also changed, but in a manner less marked.

6. When daily seances are given, each lasting fifteen minutes, we may generally observe in patients submitted to the influence of these currents the following modifications in their general condition. We mention them in the order of the occurrence:

Return of sleep.

Increase of strength and vital energy.

Increase of gaiety, of power for work and ability to walk.

Improvement of appetite, etc.

In short, *general progressive improvement*

This general improvement often manifests itself after the first seances before any local influence is apparent and before any change has occurred in the urinary secretions.

7. Local pain and trophic changes are often more slowly affected by these currents and at times they are entirely refractory for a longer or shorter period.

In such cases the same currents must be applied locally by contact with the electrodes.

This subject will be treated later on in a separate communication.

8. The diseases which have appeared incurable by this treatment are those not associated with well-defined organic changes such as *hysteria* and certain forms of *neurasthenia*.

Dr. Apostoli has also observed that certain *localized neuralgias* are refractory to this form of currents they require its more direct local application.

9. The diseases which have derived most benefit from this therapeutic agent, belong to the *arthritic class: rheumatism* and *gout*.

10. In certain *diabetic* subjects the sugar has disappeared altogether from the urine under the influence of these currents, while in others there has been no such change notwithstanding the manifest and constant improvement in the general condition.

Is this difference due to the imperfection of the electric apparatus or to the manner of its application? It is hoped that further experience will soon afford an answer to this question; although the fact that diabetes has many different causes, may in itself explain the difference in the results obtained by this treatment.

11. In conclusion, the currents of high frequency and of high tension introduced into electro-therapeutics by Dr. d'Arsonval greatly increase the field of action of medical electricity.

They furnish general medicine with a new and valuable means of treatment, capable of modifying more or less profoundly the processes of nutrition.

DR. BRODNAX'S USES OF COAL OIL; ALSO ADDITIONAL ONES.

By J. H. Powell, M. D., Higgston, Ga.

Seeing an article in the use of coal oil by the old reliable Dr. Brodnax, actuates me in giving a few other uses of this valuable remedial agent, not mentioned by him. I think his comments on the therapeutic action of this product are good and thoroughly reliable. He is, as always, on the right track and no doubt when coal oil takes its place along with other germecides and antiseptics in the near future, much of the credit will belong to Dr. Ben. If it proves as efficacious in the hands of others as in mine the time will not be long in coming. Especially for local applications have I found it of service. In intercostal neuralgia, painful joints and muscles of typhoid fever, sprains and bruises, small wounds, cuts and local swellings, bites of poisonous insects, the following prescription has given better satisfaction than anything I have ever tried.

℞ Coal oil . . . . . ℥ij.
Spts. turpentine . . . . . ℥ij.
Aqua ammonia . . . . . ℥j
Tr. Opii . . . . . ℥j

M. S. For local applications.

For the last few years I have given diseases of the nose and throat considerable attention, and have tried many remedies with varied success. I find in ordinary cases of nasal catarrh, and naso-pharangeal catarrh, the following prescription, sprayed into the nose and throat with an atomizer, is the surest and quickest thing I have tried with proper constitutional treatment. This is the prescription:

℞ Coal oil . . . . . ℥ss.
Spts. turpentine . . . . . ℥ss.
Water, q s. . . . . ℥viii. M.

Dr. B. is right in thinking coal oil is the remedy for diphtheria. Some of the worst cases I ever saw were cured by spraying it and spts. turpentine into the throat with a hand atomizer, and giving small doses of calomel, quinine and nux vomica often.

I never use any other treatment now, and have never lost a case since I commenced this plan of treatment. In follicular tonsillitis this remedy acts like a charm. Chronic ulcers, open sores, alveola abscess improve rapidly from weak local applications. For fermantive dyspepsia, and catarrh of the stomach, ten to fifteen drop doses of coal oil after meals acts better than any other remedy that I have tried.

TREATMENT OF THE INTERMITTENT FEVER.

Walter M. Fleming, M. D., 240 Fifth Avenue, New York.

Before the discovery of the tubercle bacillus, many a cough was allowed to continue without treatment and the real difficulty not suspected until a sharp hemorrhage or a hectic fever revealed the true situation. Only a few months ago diphtheria patients walked the streets with a simple sore throat, while cases of follicular tonsillitis were carefully treated as diphtheritic in character. Nearly all of us were taught that malaria was an earth-born poison which filled the air with "a fever generating agent."

Now, all this is changed. The tubercle bacilli can be detected in the earliest stages of phthisis. The Klebs-Lœfler

bacillus decides the presence of diphtheria; and the malarial germs of Laveran tell us we have an intermittent fever.

It is natural that we look for a remedy which will destroy these germs or counteract their poisonous products. Indeed, it now appears that we have unconsciously, to be sure, been giving a perfect specific for the cause of the latter disease. Quinine is no longer administered in an empirical manner. We know precisely why we give it and what it does. Quinine exerts a deathly influence over the malarial germ, therefore it may be given with the satisfaction of knowing that it will invariably check the paroxysms of an intermittent fever. If its use is not followed by this cure, then it is certain that it never came in contact with the red corpuscles of the blood. Absorption was incomplete or the quantity of the drug was insufficient. In the light of all this it is certainly bordering on the ludicrous that the National Dispensatory should give a list of seventy-six remedies in the index under Intermittent Fever.

The patient has usually had a malarial paroxysm before seeking medical advice, As hepatic activity is necessary to obtain the best effect of the specific treatment, so, in cases of constipation at least, it is better to begin the treatment with the following prescription which should be taken five or six hours prior to the quinine:

℞ Hydrarg. Chloridi Mite
Sodæ Bi-carb., aa gr. 1
M. Divide into six powders.
Sig.—Take one powder every fifteen minutes, using all the powders.

This is far preferable to giving the calomel in one single dose and in large quantity. However, it may be necessary, if the patient is insensitive to purgatives, to increase the quantity in the prescription by one-half. While this preparatory treatment is not necessary, yet it is certainly true that after its employment a less quantity of quinine is required and the general condition of the patient is improved.

It has been stated that this treatment should be given five or six hours before the specific treatment. It should now be said that the latter treatment is best inaugurated at such a time that it will be exerting its fullest physiological action when the next paroxysm is due. This time can be quite accurately stated when

we remember that a paroxysm often begins an earlier hour than the preceding one and that about three hours are required for the quinine to be in its most active condition in the body.

To insure prompt and complete absorption the quinine is best given in liquid form. The following is a favorite prescription.

℞ Quinia Sulph., ... grs. xv.
Aquæ, Sulph . . . . . oz. j
Acid Sulph . . . . . dil. q. s. ft. sol.
Mx. et. Sig.—Take at one dose in one-third glass of water.

With the above preparatory treatment and with the quinine dissolved, this dose is equivalent to at least twenty grains given after the usual manner; while it is certain we should not trust to pills or capsules at such a time unless we know positively that these are in a perfectly soluble condition.

To prevent the uncomfortable head symptoms which accompany full doses of quinine and also to relieve the pain which is likely to be present at the same time of the expected paroxysm, the following prescription should be given four or five hours after the specific:

℞ Antikamnia Tablets (5 gr. each) No. xxiv (24).
Sig. One tablet every two hours while pain necessitates.

While the above dose of quinine is sufficiently large for residents of most parts of the United States, yet in some of the Southern States and in other sections where malaria abounds with unusual force, it may be necessary to give the quinine as high as twenty, forty, or even sixty grains. But in the great majority of cases the above single dose will be sufficient to prevent a second chill.

In order that there may be no question about the recurrence of an attack, and also in order to bring the system under the influence of a good tonic, the quinine should be continued for one or two weeks in doses of 5 to 10 grains a day. As the malarial germ has left its effects on the nervous system and often to a marked degree, so a remedy is indicated which will put at rest the disturbed condition. The followimg will be found satisfactory in every way.

℞ Antikamnia and Quinine Tablets, 5 gr. each, No. xxiv,
Sig.—One tablet three times a day after meals.
This tablet contains 2½ grs. Sulph. Quinine, and 2½ grs. Antikamnia, being the most desirable proportion.

If the physician be called while the patient is suffering from a

paroxysm, and he is in doubt as to its nature, he has only to remember that any intermittent fever which resists the action of quinine is not necessarily of malarial origin. Even during the chill of a malarial attack the temperature may rise to 102° or higher while it is often true that when the chill has passed and the fever is on, the thermometer will show a lower degree of heat. Therefore, no better treatment can be given at the beginning of or during the chill, than the following:

℞ Antikamnia Tablets, 5 gr. each, No. xxiv.
Sig.—Take two tablets immediately. Repeat dose in two hours if pain necessitates.

The antikamnia will relieve the congestion of the abdominal and thoracic organs and will materially alleviate the headache of the second stage especially. In fact, it practically robs the fever of its most distressing features.

When we consider that the cause of intermittent fever is so thoroughly understood and that quinine is regarded as its specific, destroying said cause, how puerile are all attempts to bring forward new substitutes. Although pain may not be dependent upon any special living organism, yet it is certain that in Antikamnia we have a most reliable specific.

In regard to the treatment of all forms of Febrile Maladies, periodic or continued, I have found the Antikamnia Tablets with its various combinations of codeine, salol or quinine, (as indicated in each individual case), the most reliable, prompt and satisfactory remedies in controlling these intractable disorders of any remedial agent known to me in a general active practice of over thirty years.

EASTERN AND WESTERN MEDICAL JOURNALS COMPARED.

By Geo. J. Monroe, M. D., Louisville, Ky.

There is probably no doubt, but that there is more medical ability displayed in the large medical journals of the east, than we find in the medical journals of the west and south. There is also no doubt in my mind, but what the articles treated of in these metropolitan journals are less understood by the common doctor than are those treated of in the south and west journals.

Perhaps the one exception is the *American Medical Association Journal*, edited in Chicago. In it we have articles from the greatest minds in the medical profession. At any rate they are papers which have or ought to have required great study, research and investigation. Those who attend this great society of medical culture are presumed to be masters in the profession. Is this a fact? A paltry eight hundred out of the eighty thousand physicians in the United States attend the annual conventions of the American Medical Association. Is all the wisdom of the medical profession there represented? I wonder if there are not some pretty good brains amongst the seventy-nine thousand doctors who do not attend the American Medical Association. I presume it would be heterodox for me to assert that there is ability in medicine, outside of those who attend this convention. Yet if the usual stock of brain matter which attends these annual convocations, are representative of the M. Ds. in the United States, (biding a few exceptions), we as M. Ds., as a class, are deserving of pity and commiseration. We must admit that many able men attend these convocations. Yet many who attend have a large vocabulary of words and very little sense or judgment—a diarrhea of words, but a constipation of ideas. This very class too, are the ones who insist upon doing the talking. It is as difficult to shut them off, as it is to stop the spring rains, to drain the Mississippi, or to dam the Niagara. They just simply will shoot off their tongues. The shots sometimes are extremely small.

The American Medical Association, however, has done a fine work, and one deserving commendation. It has been the means of improving and elevating the practice of medicine. This has all been done however, by a very few wise heads in the association. The venerable Dr. N. S. Davis, has probably done more for the doctors of the United States than any other physician. Dr. Davis has a very level, well-balanced head, a good command of language, a very convincing way, and extraordinary influence in matters medical. When permitted to have his own way, it always tends to the benefit of the American Medical Association, and physicians at large. He has the interest of the association at heart, as well as the doctors in general. Properly

speaking he is the father of the American Medical Association; well has he acted his part. I do not believe I would be perverting the facts did I say that nine truths of the brains' power of the association lies within his skull. The papers read at this association appear in the organ of the society, and as a matter of course should be able and exhaustive productions—many of them are—yet others are of but little account. Many words, yet little matter that is useful for the physician in active practice. They compare very favorably with the learned articles which burden our eastern medical journals, so many of them beyond the comprehension of the common doctor. They lack practicability. What the western and southern doctors want and need is something which is applicable, and something which they can speedily comprehend. There are papers in these large journals which I will defy any commonly educated physician to read and understand in less than a day's hard study. Even then it is considerably muddled. A physician who has a large clientage cannot take the time to read these papers, and I doubt very much if they had the time to read them, if they would be practically benefited thereby. The people of the west and south are more and more becoming a practical people. What they want is short articles and to the point. They desire to have the nail struck squarely upon the head at the first blow. They do not want any circumlocution office.

The sick laity do not desire any long drawn out thesis from their medical attendant, they simply want to be cured of their sickness. They do not care how it is done, neither do they care whether they are martyrs to big or little bugs. They first and foremost desire to get well. To a certain extent this is the case with the busy doctor. He cares very little for any fine spun theory. What he wants to know is how to cure his patient. He wants to be told this in as few words as possible. He sees no necessity of going around Robin Hood's barn in order to say a spade is a spade. The articles, or at least many of them, which we read in these large eastern journals, whip about the bush for a long period without striking directly at the bush. I am not a dullard entirely, yet I have read papers in these journals, which to save my life, I could not comprehend or

understand what they were trying to get at. The medical journals of the south and west understand fully what their readers need. As nearly as they can, they make their journals practical and of use. They realize that the physician has no time to read long intricate articles. They know that all they publish should be easily comprehended by common minds. The prominent points can be seen and grasped at once. Common minds absorb them as a sponge does water.

I look upon these concise, short and pointed descriptions as being a great advance in medical literature. I do not *in toto* condemn the large metropolitan medical journals, as we always have some in the profession of medicine, who take delight in studying anything obstruse and perplexing. It affords this class recreation and pleasure. In some way their desires should be satisfied. If anything intricate and perplexing adds to their happiness, I think they can be satisfied in reading these metropolitan medical journals. All things are necessary. The mystery seems to be just as requisite as that which is plain and easy to understand. The different colored flowers having different perfumes, growing in the same window, apparently nourished by the same earth, sun and water, can be about as easily understood as the different minds and thoughts of the *Genus Homo*. I have often heard it remarked: "The one-half of the human family do not know the other half." This is very true; very often we would not want to know.

THOUGHT TRANSFERENCE TO METAL—WITH COMMENTS OF DR. BRODNAX.

The theory lately advanced by Dr. Luys, of Paris, that the thoughts and impressions of the human brain can be transferred to a crown of magnetized iron is one which is likely to create considerable astonishment Dr. Luys has already established a reputation in the fields of hypnotism and electricity and their mutual relations, but his latest discovery is as startling as it is novel.

He placed the crown, which is really only a circular band of magnetized iron, on the head of a female patient suffering from melancholia with a mania for self-destruction, and with such suc-

cess was the experiment attended that within a fortnight the patient could be allowed to go free without danger, the crown having absorbed all her marked tendencies. About two weeks afterwards he put the same crown, which meanwhile had been carefully kept free from contact with anything else, on the head of a male patient suffering from hysteria, complicated by frequent periods of lethargy. The patient was then hypnotized and immediately comported himself after the manner of the woman who had previously worn the crown. Indeed, he practically assumed her personality and uttered exactly the same complaints as she had done. Similar phenomena have, it is reported, been observed in the case of every patient experimented upon. Another experiment showed that the crown retained the impression acquired until it was made red hot.—*Argosy*.

Will it be possible sometime in the future to put an iron, magnetized plate on top of his head and photo thereon his thoughts, *real* thoughts of a doctor when he is puzzled over a knotty case? God forbid! I will steer clear of iron plates in the future. Great Scott! to have our blunders photoed for the delectation of our confreres! No magnetised photos for me — Ben H. Brodnax.

NYMPHOMANIA.

L. M. Phillips, M. D., Penn Yan, N. Y.

Mr. Editor: Before "plunging into the heat of argument," I am constrained to answer the following questions, submitted to me by an inquiring brother, M. D., who has 'evidently been impressed' by the 'facts' as exemplified in my novel '*Miskel*.'

He inquires, "*Is 'Mrs. Orson,' in your 'novel Miskel,' a realty? Was she a nymphomaniac? And what was her mental condition when under those states of erotic or lustful excitement as depicted by you in your book?*

Now, my dear inquisitive brother, pardon me, but I am not at liberty to answer your first question, as you wish, directly. But I give you full license to blame the author's imagination all you care to. To the second question I answer—without doubt, she was, and third I will answer by deviating a little from the direct question.

Starting as an increased and accentuated sexual desire, (spasmodic), the intermittent hyperæsthesia spinalis and cerebralis induces an acute, psychical, irritable (congestive), stasis of the circulatory system of the two centers. Too, this same condition may be imagined to prevail in the sexual neuro-mechanism, viz., the stored energy of the whole sensory nerve element is in a state of acute activity, which blunts the finer perceptions, and turns all ideas, healthy or otherwise, upon sexual images, leading to hallucinations, illusions, or hallucinatory ecstasy, or delirium.

Passing on a little further, we find the sexual complexus of symptoms producing a partial manifestation of a general prychosis (nymphomania, hallucinatory insanity).

This peculiar or abnormal period of consciousness, involves an increased expenditure of nerve force, which disappearing, leaves the physical forces at so low an ebb, that a casual glance, or a superficial examination, gives rise to a suspicion of organic disease from the complexity of reflexes. From what has been written, it is plain to be seen that advanced cases present all the symptoms of paranoia, *per se*, mania; and, unless interfered with by the treatment become insane, incurably so, from the degenerative metamorphosis that has already taken place in the circulatory and nervous (sensory inhibitory), mechanism.

A peculiarity of symptoms, well worth studying, are presented in the following case. As every physician is apt to stumble upon them when he least expects, I give them entire.

Mrs. S. aet. twenty-three, weight 100 pounds, slight build, red hair, married one year, never been pregnant, temperament usually sanguine, yet variable, intellect not of the brightest, consulted me for relief from a profuse leucorrhœal discharge, "that was with her always."

Examination per vagina and abdomen disclosed an endometritis, menstrual sub-involution, hypertrophied cervix, paleness of the vaginal mucous membrane; while at intervals, scattered over this tract, were a number of sharply defined, intense red spots or patches, that did not lose their color upon exposure to the air.

From the os cervix exuded the customary "plug" of thick,

tenacious mucous, while the intense red spots gave out a thin serum, and a careful examination several times repeated, disclosed no signs of clitoris, nothing but a dimple where we usually look for that organ. Menstruation, regular yet scanty; bowels regular; appetite good; never been sick. Examination of heart, liver, lungs, kidneys, revealed nothing abnormal. Among this lady's many accomplishments was an unusual development of the "gift of gab," and with a little judicious coaxing mixed with flattery, with now and then a heading in the right direction, when she showed a disposition to wander away from the subject brought to light this history.

At thirteen she was taught by a girl companion, masturbation; using as a priapus a round stick covered with cloth. Much pleasure was obtained in this way, as she could readily induce an orgasm, thus satisfying libido. She followed the practice until she was twenty-two; when through the advice of a 'friend,' she became the wife of a German-American, who about equalled her in mentality and aspirations. Both of sanguine temperaments, they looked forward to marriage as something exquisitely pleasurable, but after a few weeks of indifferent excitement, she broke down and told him of her former practice, and confessed that, in that alone, was the only pleasure for her. Swearing a terrible German oath, he made her promise that from then on she would never again indulge in the disgusting act, and such is her fear of his vengeance that she never has. This went on for nearly a year, he demanding, she submitting, until she grew to hate him, and in this extremity advice was sought. Knowing this lady's mother to be sexually abnormal, and that the mother's sister, aged forty-three, widow five years, mother of six children, to be a nymphomaniac, who attracted men by her sensual conduct, I reasoned that an hereditary degenerate neurosis predisposed her actions. Too, at certain times pre and post menstrual, she became intensely excited sexually at the sight of men, but was only able to satisfy the desire by masturbation. So violent did her hate for her husband become, that she entertained the idea of killing him, but lacked certain attributes of courage to consummate the act. His near presence called up the most obscene images, and besmirched her mind with cynical

perversions and thoughts, while the thought of coitus nearly threw her into hysterics. She became intensely jealous and accused him of infidelity, while he, not to be outdone in "courtesy," threw back the accusation, and increased the mischief by adding to the excitement.

Treatment.—The endometritis, menstrual sub-involutions, etc., were relieved in about three months by a thorough application of the osmotic treatment, and by entirely restricting intercourse; but this treatment, even at the end of that time, produced no effect upon the neurosis; if anytning, she gradually became worse. Hypnosis was a failure, for I was unable to bring the vision or mind into anything like repose. A very willing subject and thoroughly *en rapport* with the test, she nevertheless upset all efforts looking towards lethargy, in the following manner: such remarks as, "What are you trying to do anyway?" or, after five minutes' trial of a method to hear, "No use talking, Dr. Phillips! I never went to sleep in the daytime and I don't believe I ever can," are not conducive to hypnotic somnambulism. In fact her inability to concentrate the mind for even a moment, precluded the possibility of therapeutic hypnotic suggestion.

Remedies that affect the neuro-mechanism specifically, viz.: bromides, kali, iodidum, with arsenic were given for a long time, and these together with a tonic of acid hydro-bromis diluted 10 per cent. with acid phosphor; ferri mur. tincture; strychnin sulph.; and sali., relieved the hyperæsthesia, quieted the accentuated irritable, intermittent eroticism, and increased the nutrition of the nervous system. Electricity helped a little; counter irritation along the whole spine with small blisters on the back of the neck at intervals, also increased the nerve nutritions, and after a time, by carefully varying the treatment to meet the exigencies of the case as they arose, a partial relief from the distressing symptoms was obtained.

Remarks.—We have to judge in this case between an hereditary psychical degeneration or a pathological state, dependent upon a neuropathic or psychopathic one, or a combination of the two may be studied. The abnormal sexual condition intensified at stated intervals, menstrual, with an impulse to carry them out,

gave rise to the suspicion that it was pathological. If so, we have either an arrested mental development, psychical degeneration, or a psychosis, while the acquired perversity partakes more of a psycopathic condition, and is apt to recur at any time, exhibiting the phenomena of paranoia. The diagnosis was therefore a state of psychical, hereditary degeneration. First, because of the perverse sexual instinct; second, its recurrence at every menstrual period, and third because of the accentuated or intensified impulse at those times.

To decide the question whether the act of masturbation was induced by immorality or abnormality, requires a knowledge of the heredity as well as of the past history, the present condition, and I may also add the changes, physical, psychical, etc., that are occasioned by treatment.

After studying several cases, I am of the opinion that garrulity is a symptom of arrested mental development or growth, as it also is of several other abnormal or diseased states of the mind. With this knowledge these unfortunates should be treated carefully, kindly, scientifically, and with a serious manner that impresses them with the idea of your sympathy.

One more therapeutic hint. While not able to induce hypnotic lethargy, I continually suggested to her that I could *cure* her of her perverse inclination; and so firmly is this impressed upon her mind that the idea is ever with her. No vacillation, no hesitation on the adviser's part, or your hold upon the weakened mentality is lost, never to be again regained. These unfortunates brook no lapse of that dignity which is by right the physician's prerogative towards them, socially or professionally, whether meeting them in the office, on the street, or in their homes, they look for and demand that *their* physician—friend and counselor—shall be above frivolity or cynicism, able to command, teach, or sympathize. In fact with these attributes ever in evidence they are ready, nay willing, to proclaim him not "from the house tops," but among their friends—a god.

I have touched imperfectly upon both sides. Many times these anomalous cases are consigned to asylums, or punished for crimes that are committed during the impulse, when a scientific

examination conducted by experts, would tend to relieve them of an unjust sentence and possibly improve their condition.

Medico-legally this field presents a great opening. No two cases of the same abnormality present the same symptoms or impulses, but being governed or influenced by heredity, environment, etc., they require a separate study, and only in this manner can justice be done.

THE MEDICAL TREATMENT OF A COMMON CLINICAL FORM OF FUNCTIONAL IMPOTENCE.

By John Lindsay, M. D., Philadelphia, Pa.

Every practicing physician has had a case very similar to the following, come and ask his advice.

A young man more or less nervous, and presenting signs of anxiety and worry, out of all proportion to his condition, will consult one and say he is losing his "powers," that he is no longer any good; and we at once can see, what an extremely important matter this is from his point of view. In short, his condition has rendered him morbid and at the same time he is keenly sensitive.

On making an examination we usually find no disease or malformation affecting his sexual organs, and can therefore place the case as one of functional or false impotence and not the true or organic form.

Taking up the subjective examination, we may learn that the patient's sexual desires are strong, but that premature emissions occur, or perhaps erection is imperfect, or may be erection has not taken place on attempted intercourse. In other words the patient has lost faith in himself. The above conditions may have followed after a course of self-abuse, or what is more likely, after a period of excessive indulgence in sexual intercourse. In a city of the size of Philadelphia, frequently the starting point of his trouble has been the reading of some pamphlet, with possibly the fascinating title of "know thyself, young man, etc.," which has been issued by one of the numerous quacks or charlatans that abound in every large city. Here, from a judicious blend-

ing of truth and lies, the reader comes perilously near becoming a moral and physical wreck, especially if he interviews the author of said pamphlet and has sufficient of this world's goods to make a few return visits.

Now, in each case, we have to deal with a condition in which the sexual apparatus is being constantly excited and irritated, and consequently the reflex center in the spinal cord is never at rest and an attempt is being made all the time, to whip out that which is exhausted.

Therefore in treating such cases, one should not begin by putting the patient on aphrodisiacs as phosphorous or damiana, but adopt a line of treatment that will soothe and tranquilize the patient, and stay for a time at least his more or less morbid desire to accomplish sexual intercourse. For this purpose in the clinic we frequently prescribe the following mixture:

Tincture of hyoscyamus	20 minims.
Potassium bromid	20 grains.
Camphor water sufficient to make ½ fluidounce.	Mix.

To be taken in water four times a day.

After following this plan for two weeks or longer if necessary, and its purpose having been attained, it is then in the case of married men permissible to begin tonic aphrodisiac treatment. A combination of great value in the clinic service is as follows:

Strychnin sulphate	1-32 grain.
Diluted phosphoric acid	1 fluidram.
Distilled water	1 fluidram. Mix.

To be taken in water four times a day.

The above plan of medication in a large number of cases will give very satisfactory results.

The physician must, even in cases of false impotence, study the personal equation in each case, and do his best to gain the patient's confidence. In the case of unmarried men it is well to use the opportunity to warn them against the moral and physical risks involved in unchastity; and to inform them that a life of continence is the true physiologic life.—*Philadelphia Polyclinic, Oct. 19th.*

Clinical Reports.

OPERATION FOR BILATERAL PYOSALPINX WITH EXTENSIVE ADHESIONS—REMOVAL OF CIRRHOTIC OVARIES.

By William H. Wathen, A. M., M. D.

Professor of Abdominal Surgery and Gynæcology in the Kentucky School of Medicine; Fellow of the American Gynæcological Society and of the Southern Surgical and Gynæcological Society; Gynæcologist to the Kentucky School of Medicine Hospital and the Louisville City Hospital, etc., Louisvile, Ky.

[Reported to the Louisville Clinical Society. C. C. Mapes Stenographer.]

I was recently called in consultation by Dr. Wm. Bailey to see a woman aet. twenty-two years, who had been married five or six months, and had not become pregnant. She had been suffering for six weeks with pain in the pelvic region, and neuralgic pains occasionally in different parts of the abdomen, particularly at a point corresponding to the lower edge of the liver. Her temperature had ranged from normal to 105 Fahrenheit for three weeks, and during the last three weeks from 99 to 103 Fahrenheit. For the last ten days she had suffered intense pain in the left inguinal region. Her menstruation had been too profuse twice during the six weeks. In an examination the uterus was found to be immovable with a large mass on the left side. and adhesions also upon the right. I was sure there was pus, in the pelvic structures, with adhesions, and that a laparotomy ought to be done. She was removed to the infirmary the following day and on the next day at eight o'clock I performed a laparotomy, assisted by Drs. Bailey, Frank and Laws. Five to eight feet of the ileum was found firmly adherent to the pelvic structures. This was carefully separated without injury to the bowel. The left ovary and tube were finally separated from the pelvic adhesions and brought into the wound and removed. There was no large accumulation of pus, but there was pus not only in the tubes, but also in the ovary. The other ovary and tube were turned backward and twisted behind the broad ligament and firmly adherent, and the tube was in a state of acute inflammation, with pus draining from it. I felt that it was the correct thing to remove this tube also, because you could not

tell the virulence of the pus, and if the tube had been left it probably might have infected the peritoneal cavity; or there might have been a pus-tube requiring a subsequent operation. The woman did not lose over two ounces of blood and there had been no untoward symptom. The pulse has been better since the operation than it was before; she has had no tympanites; she passed gas within thirty-six hours, and the bowels have now moved well. She ought to make an uninterrupted recovery. I gave nothing to move the bowels until five days after the operation for two reasons; first there was no necessity for it because she was well purged before the operation. there was no distension of the abdomen, and she passed gas freely; second, because of the possibility of rupture of some part of the bowel owing to the separation of very extensive adhesions. While the ileum seemed strong at all points, you never know exactly the condition of the bowel when it is adherent to this extent and the longer you can give it rest the more certain you are to have no trouble when a movement occurs.

Case 2. Three weeks ago I operated upon a lady sent me from Memphis, Tenn. She was in this city last year under the professional care of Dr. Mathews. I was then called in consultation, and on his advice she returned for operation. She had suffered for several years so severely for three weeks out of four that she was, during this time, an invalid, gradually getting worse. The interval of relief began the day after her menstruation ceased and lasted for six or seven days. She had been operated upon two years ago by an excellent surgeon in Memphis for appendicitis. The patient reported that the doctor said the appendix was not much diseased. The pain, so far as I could learn, was never directly in the region of the appendix, and was never constant, relief for one week always occurring as I have described.

In an examination I could detect no well-marked disease of the ovaries. One ovary was enlarged, and both were very tender; there were no adhesions to the womb and the organ was freely movable. The patient and her mother believed that extensive adhesions existed in the pelvic or abdominal cavity, and that this was the cause of the trouble and insisted upon an operation

being performed. After consulting with Dr. Mathews we decided that a laparotomy was advisable to determine the nature of the trouble. When the abdomen was opened, no adhesions of the intestine could be found, and everything in the region of cæcum and the ascending colon seemed healthy, though the appendix had been removed. The right ovary was found enlarged and badly cirrhosed; the left ovary was not enlarged, but was even more cirrhosed than the right, and we decided that the woman would never get relief without removal of both ovaries. She had been treated not only by the doctor who operated upon her for appendicitis, but by the most distinguished practitioners in Memphis, and had gradually grown worse.

Of course there is no reason why this woman should not make an uninterrupted recovery, and I hope she will be entirely relieved of pain. There has been no recurrence of the pain with which she suffered for several years, with the intervals of relief, as I have indicated. She is walking about the infirmary and says she feels better than she has for years. I feel sure that she will be permanently restored to health.

I do not believe that this patient could ever have been restored to health without removal of the ovaries, because there was nothing else to account for the trouble. There were no other diseased structures, and that she is having no pain since the operation is evidence of the fact that disease exists nowhere else.

I have operated upon several patients presenting about the same symptoms as were present in this case, who had undergone various forms of treatment without benefit, and when the operations were performed the ovaries were found to be practically in the condition evidenced by the specimens I have shown you. They were removed and the women were entirely restored to health. I remember one lady in this city who had suffered for eight years, and who had been treated by physicians of all schools; she had spent her winters in the south and her summers in the north, on the coast and in the northwest; she was in constant pain. This woman was restored to health, and is to-day robust and strong. I could mention a number of others where relief has been equally gratifying.

DISCUSSION.

Dr. J. M. Mathews:—As Dr. Wathen has said, the two ladies, mother and daughter came to me from the south for treatment. The daughter was referred to me more especially because she complained of pain in and over the region of the colon or sigmoid flexure, thinking that inasmuch as the operation for appendicitis had not accomplished anything, her trouble might be in my line. After a thorough investigation I was persuaded it was not, and called Dr. Wathen in consultation. I remember he remarked at the time that he could not find anything serious the trouble with the woman; that no adhesions could be demonstrated, and no growth of any description could be made out; that he did not advise a laparotomy then, although the young woman would have willingly submitted to it. She was a married woman, but very girlish in appearance, stout and robust looking, and perhaps twenty-four years of age. This examination was made early in the summer of 1894, and we both told her as Dr. Wathen had discovered no trouble to warrant a laparotomy, that she had better return home and if her trouble continued, or increased, to come back to Louisville and we would then see about an operation.

There are several points in this case that I think should be seriously studied. I am as much as any man opposed to indiscriminate operations upon women, as sometimes done by gynecologists. I have often heard remarked in medical societies, and have seen reports printed in medical journals, where they perhaps did operations that were not justifiable, removing ovaries or other structures when it was not necessary. This case made a very serious impression upon me, as I had always discouraged such operations; but I witnessed this woman in one of her most severe attacks extending as Dr. Wathen has said over a period of two or three weeks. Apparently she was a subject to go out in society and enjoy life, but I saw her a wreck in her room, in constant pain, a misery to herself and her family for two or three weeks at a time. She was under her mother's care constantly, local applications, etc., were faithfully persisted in, but without any relief. So, as I have said, the case made a serious impression upon me; the girl was a complete wreck, her life was a burden. She said she would rather die than to live the life she was living. Not having gotten any better she returned here with the firm determination to have a laparotomy performed. Her mother who had been her constant companion for several years, also insisted upon the operation. Dr. Wathen consulted me, or at least had me see the case again, and I agreed with him that considering all the circumstances and the clinical features of the case, the conditions were such as to warrant at least an exploratory incision to determine the exact nature of the trouble if possible. As he has said both the patient and her mother believed there were firm adhesions within the abdominal cavity; how they became possessed of this idea, I do not know. Dr. Wathen did the operation, starting in to do an exploratory incision to find out what was the trouble. As soon as the abdomen was opened he demonstrated the absence of any adhesions. the ovaries were brought into view, and at first not being an expert I could not see that any abnormality existed. Closer inspection revealed a very cirrhotic condition of both ovaries, and they were removed.

Now, here was a girl who had been an invalid for several years, suffering the most intense pain and who believed that an operation ought to be performed. Sufficient time had elapsed to demonstrate that she could not get well without operative procedures, and under those circumstances we fully agreed that it would be best to remove the ovaries, although it might be said they were healthy except for this condition of cirrhosis. By the removal of these organs the woman was relieved of distress; she will now be a useful woman for the remainder of her life as far as taking care of her household is concerned, and above every case I have ever seen it does certainly show to me that there are conditions of the ovary with which we are not so

conversant as the gynecologists, and while the latter may not sometimes detect or diagnosticate them before operation, yet their removal is advisable as evidenced by the relief which follows. Here is an operation simple in its nature, with no adhesions, but disease of the ovaries as is proven by prima facie evidence. The woman has been restored to a healthy condition.

In this connection I want to say that Dr. Wathen mentioned a very important point, she had been operated upon for appendicitis. After her recovery from the operation she told me that she had identically the same trouble as before. Evidently then this was a case of mistaken diagnosis, as far as appendicitis was concerned, because this operation did her absolutely no good.

Dr. W. L. Rodman:—Dr. Wathen stated that his second case was operated upon three weeks ago, and the patient is now walking about the infirmary. I would like to inquire if it is his custom as a rule to allow patients to get up so soon after a laparotomy.

Dr. W. H. Wathen:—I allow them to sit up at the end of two weeks, and a few days afterward they begin to walk.

Dr. J. W. Irwin:—Both of the cases reported by Dr. Wathen are very interesting and instructive. As far as the pathological evidences go to show disease, they seem to have been entirely legitimate cases for operations. The perfect relief following the operation is certainly very gratifying. The first case is to me an especially interesting one, occurring as it did in a young woman six months after her marriage. There is no history of gonorrheal infection in the case, and how this hyperplastic condition of the tubes and ovaries could have developed in so short a time is a question also about which we are all in the dark, and it would be very interesting if Dr. Wathen would inform us a little further on the subject. In the second case the absence of adhesions show that there could not have been any very considerable inflammatory action about the ovaries at any time. The trouble seems to have been in the ovary itself, and what brought about the hyperplastic condition at first would be a very interesting and valuable point to determine. I see no evidence of disorder in the tubes; one ovary seems to be atrophied, the other probably slightly atrophied. I wish Dr. Wathen in closing the discussion would enlighten us as to the cause of this condition of the ovaries, in view of the fact that it has been so often stated before this society that nearly, if not all, of the inflammatory conditions about the ovaries and tubes are of gonorrhœal origin. I have taken the opposite ground. In my opinion there are other conditions which produce these inflammatory states as well as gonorrhœal infection. So far as the operation in the latter case in concerned, I suppose every means had first been exhausted trying to restore the organs to a normal condition, to reduce the chronic hyperplasia that had bound down the tubes and ovaries and prevented ovulation. Evidently this seems to be a case where an operation was justifiable, but if the doctor had known before he made the exploratory incision that there was no inflammatory action outside of the ovarian induration and no extra adhesions; if he had been able to make such a diagnosis, I would then ask would he have operated on the case?

Dr. W. H. Wathen:—Dr. Irwin's question as to the origin of the trouble in both these cases is pertinent. I said nothing about the cause of the pus and the adhesions because I did not know from what these conditions resulted. I had no opportunity of questioning the husband as to whether he had suffered from gonorrhœal infection, and, of course, I did not interrogate the woman, and cannot say with any degree of positiveness what was the real cause. I agree with Dr. Irwin that there are many cases of pyosalpinx that are not gonorrhœal in their origin. I believe that probably half the cases I have operated upon, if not more, were not specific in origin. Abortion is a very prolific source of pus-tubes. The vagina probably always contains pathogenic germs, and in an abortion conditions are frequently left favorable to the

multiplication of these germs; they do no harm so long as the uterus and vagina are in a healthy condition, but after abortion the retained decidual membranes become necrosed, as it were, in the womb, furnishing a good medium for the multiplication of germs we have then an infection to a slight degree, or it may be to such an intense degree as to kill the patient.

In the second case I cannot say what was the cause of this hardened condition of the surface of the ovaries. We are told that it frequently follows typhoid fever or measles, but it may be caused by other things, about which we know nothing, and in this case I do not know whether the woman ever had typhoid fever or measles. I have seen several cases where the cirrhosis was so complete that there was practically nothing left of the normal structure of the ovaries, still I could not trace the origin to either measles or typhoid fever.

The question has been asked if it is not too soon yet to judge of the final results in the second case: My remarks in reporting the case show that this woman after the first operation had no relief whatever, that she remained in bed for four weeks and afterward continued to grow worse, which would indicate that the improvement following the last operation is not imaginary; and the fact that she has had no relief for years until now indicates that removal of the ovaries has brought about this relief, and the fact that she has no other diseased condition of any pelvic or abdominal structure would indicate that the ovaries were the cause of the trouble; that cause being removed with perfect relief to this time, the probabilities are that she will be permanently cured Judging from my past experience in such cases the chances are nineteen in twenty that she will be restored to health.

Dr. I. N. Bloom: In regard to the causation of pyosalpinx—it seems as if this society is going back on its record. Some of you will remember that two years ago the question came up for discussion as to the probable cause of pyosalpinx, and the relative per cent. of cases due to gonorrhœa. At that time the concensus of opinion seemed to be that at least ninety per cent. of the cases of pyosalpinx was due directly to gonorrhœal infection, I wish also to state that I am an omnivorous reader of general medicine, and in looking over the *International Clinics* fourth series Vol. iv. no later than to-day I noticed a statement I think by Dr. Louis Frank, of this city, that ninety-five per cent. of all cases of pyosalpinx may be traced to two causes, viz: gonorrhœa and puerperal infection. I believe that gonorrhœa is frequently regarded as the cause, simply from the fact that the doctor does not take the trouble to scientifically examine into the case. It is a very easy matter to collect a sample of pus from a tube and examine for the diplococcus of Neisser. I remember of few cases that have been operated upon where the doctor who has reported them here has taken the trouble to make an examination microscopically or bacteriologically to determine as far as possible the cause. It is well-known that the gonococcus has an especial attraction for cylindrical epithelium, that squamous epithelium prevents its passage beneath the epithelial layer; in other words where cylindrical epithelium the gonococcus is especially likely to be found. These are points that should be taken into consideration, and in many cases I believe it would be possible to determine the cause of pyosalpinx, especially those that are not too old It is certainly gross carelessness to the profession in general, that the gynecologists do not as far as possible settle this matter, and I would suggest that hereafter a specimen of the pus in each case be turned over to a competent microcopist to determine the presence or absence of the gonococcus.

Dr. W. H. Wathen:—It has been my purpose since the Kentucky School of Medicine Hospital has been built, to have a sample of the pus from all cases of pyosalpinx examined by our bacteriologist to demonstrate positively the presence or absence of any form of bacteria. Examinations have been frequently made both in this country and in Europe for the gonococcus of Neisser—particularly is this true at the Johns-Hopkins hospital, and by August Martin of Berlin—and in many cases this organism has been found. There have been cases examined where the origin of pyosalpinx seemed positively to have been due to gonorrhœa, where the clinical history was perfectly clear, and yet no gonococcus could be found in the pus. We must remember that the gonococcus is one of the most sensitive of all pathogenic bacteria: it requires very little to destroy its powers of multiplication and to destroy its life when pus is formed. So far as I can learn from the literature of the subject, never has there been a gonococcus found in any case of pyosalpinx where there was any considerable quantity of pus, though there have been cases where pus from a large pyosalpinx on one side was perfectly sterile, and a few drops of pus on the opposite side was found to contain gonococci in abundance. This would indicate that the gonococcus is present in these cases in the early stages of the formation of pus.

THE RED BRACELET.

By Clifford Halifax, M. D.

(*Concluded.*)

"CURED," she exclaimed. "You speak as if there were a possibility. Oh, Dr. Halifax, do you dare to give me hope?"

"Yes," I answered, slowly, "I do. You are blind—you are afflicted with congenital blindness, but nevertheless I believe there is a chance of your sight being restored. Now I will tell you frankly what my idea is. I think—remember, it is only conjecture after all; but I am strongly inclined to believe that you possess perfect eyes under the thick membrane which now covers them. My reasons for this idea are twofold. First, you have conception of light, which a totally blind person who has never seen does not as a rule possess. Second, your sensations are intensified when you look full up at the sun, or when you gaze at a very bright fire. This would be scarcely likely to be the case if the organs of vision were altogether absent. I have a third reason for my hope. Where the cornea ought to exist in the normal eye, you have a very slight bulging. In short, my hope with regard to your recovery of sight is sufficiently strong to induce me to ask you to consent to a slight operation. If after all, my hopes are false, you will be no worse off than you are at present. If, on the other hand, I am right——"

"Yes, if you are right?" exclaimed Molly—she grasped my hand, holding it with the strength of iron. "If you are right?" she repeated.

"If I am right," I said, quietly, "you will see as well as any other person."

"Oh, merciful and kind God," she exclaimed—she covered her face with her trembling hands—"then I shall see Basil! Oh, I can scarcely dare to think of this rapture."

"I am going to speak to your parents now," I said; "stay quietly here until I return to you."

I left her and went to seek Stafford, who was wandering restlessly about, evidently waiting for me.

"Well," he said, when he saw me—"well, did you examine her eyes?"

"I did—let us come into this room, I want to talk to you."

Stafford drew me into his smoking-room. Mrs. Stafford was there—she looked even more excited then her husband.

"My husband has told me all about your extraordinary thought, Dr. Halifax," she said. "Have you looked at our child's eyes? Is there a vestige of hope?"

"There is," I replied. "I have examined your daughter's eyes very carefully. Their condition is peculiar—the sclerotic membrane covers the entire eyeball. The present condition of the eyes points to hopeless congenital blindness; nevertheless, I am not without hope. In examination I noticed a bulging where the cornea ought to be. My hope is that there is a perfect eye behind the membrane which now completely covers the whole ball. I have told my hope to your daughter."

"You have told Molly? How cruel of you," exclaimed Mrs. Stafford.

"No," I answered, "if you saw Miss Stafford now, you would not think what I have been cruel. She is so excited—so lifted out of herself—that, for the time, at least, she has almost forgotten the strange craze which is over her. She will willingly submit to an operation,"

"An operation? We ought not to risk it," said the mother.

"There is no risk," I answered. "At the worst the slight scar which I shall make will quickly heal, and the eye will be no worse than it is now. At the best—remember all that that includes—sight!"

Oh, dare we think of anything so joyous?" said Mrs. Stafford.

"Allow me to perform the operation," I said, going up to her. "I am not a rash man; believe me, I would not advise this if I did not think ther was a fair hope of success."

"Suppose you are wrong: the child will then be in a worse condition than ever."

"Even if I am wrong, that will not be the case," I replied. "The thread of her present thoughts will have been broken if only for a few hours. That fact alone will be greatly to her benefit. If I am the means of restoring her sight to her, I am fully convinced that the spell under which she now labors will vanish."

"You are right," said Stafford, who had not spoken a word up to this point. "Mary, my dear we will allow our good friend to have his way. If the operation is successfull, we shall have our child as we never had her yet; remember, too, that if by any chance she is permitted to see Winchester's face, her love for him must vanish on the spot—those sinister eyes of his would repel anyone."

"She does not love him now," I interrupted. "What she feels is not love. She is hypnotized. The restoration of sight will make such a complete revolution in her whole being, that I doubt if the man could hypnotize her again even if he tried. She will soon forget that strange and terrible episode in her life. In short, I believe in the acquisition of sight as a complete cure."

"We will make up our minds to the operation," said Stafford. "Am I not right?" he added, turning to his wife.

"Yes, we will consent," she answered.

I looked at her when she spoke—her face was as white as a sheet, but her eyes blazed with light and color. I noticed for the first time the strong likeness between mother and daughter. In the case of the mother, however, the eyes were of the deepest, clearest grey—scintillating eyes, full of light and expression. I thought of the blind girl's charming face, and wondered what it would look like if it ever could be lit up with eyes like her mother's. The thought cheered me, and strengthened my resolve to do my utmost for Miss Stafford.

"Very well," I said; "I have your consent to perform the operation. In order to get the necessary instruments, I will take the next train to London. I can return here at an

early hour to-morrow, and will operate on one eye immediately."

"Will the operation be painful?" asked Mrs. Stafford. "Will it be necessary for you to use chloroform?"

"No; I shall put cocaine into the eye—don't be alarmed, Miss Stafford will feel no pain. I shall only operate on one eye at a time. A very slight incision will enable me to confirm my theory, or to see that it is hopeless. While I am absent, please talk frankly about the operation. Induce your daughter to eat and drink plenty; get her to bed early to-night; do everything to keep up her strength. I will go back to say a word to her now."

I re-entered the drawing-room. Miss Stafford was sitting just where I had left her—her hands were crossed on her lap—the right hand clasped the red bracelet, which encircled the left-hand wrist. She knew my footstep, and looked up with a face of expectation.

"Well?" she said, in a hoarse whisper.

"Good news," I replied, cheerfully. "Your father and mother consent to the operation. I am going to town by the next train and will return with my instruments to-morrow. Keep up your courage—by this time to-morrow we shall know whether the precious gift of sight is to be yours or not."

If you fail, I shall die," she answered, speaking in a low and intense voice.

"No," I replied, "even if I fail, you will be too brave, too good, deliberately to throw away your life. Try to think now of success, not failure—try to think of what life may be yours if you can see like other girls."

She sighed; there was hope, even joy, in that sigh. I hurriedly left her. The next day, at an early hour, I was back again at Mount Stafford. The operation which I meant to perform was quite simple in character, and I did not require any help. I suggested to Mr. and Mrs. Stafford that it would be best for me to be alone with my patient.

"She feels the presence of anyone so intensely," I said, "that she will be less nervous, and will keep more quiet, if I am alone with her."

The father and mother agreed to this suggestion, and decided to wait in the outer drawing room. I placed Miss Stafford in a chair facing the window.

"Now, you must keep up your courage," I said. "I shall operate to-day on your right eye. You must keep perfectly quiet. This will be easy—for you won't feel the slightest pain."

"I could even bear pain with the great hope of sight before me," she answered.

I saw that she was in a tense and rapt excitement. She had strung herself up to bear anything.

"You will feel no pain," I said, taking her hand as I spoke.

Her pulse was fluttering, but not weak and fitful like yesterday. I supported her head with props, and then dropped the cocaine into the eye. After waiting until complete insensibility was produced, I quickly began to operate. I carefully divided the sclerotic at the upper part of the eyeball, just where I had seen the bulging, such as there is at the edge of the cornea in the normal eye. dividing the sclerotic, I made a small flap, which I raised. It did not need my patient's sudden exclamation to tell me that I was right in my conjecture, and that there was under the thick membrane a cornea intact and transparent. To dissect off the whole of the fibrous curtain which covered this cornea was but the work of a few minutes.

After her first cry, Miss Stafford did not utter a sound. But when I had finished she started up and looked wildly around her.

"I see," she exclaimed—"I see!

How queer everything is—how confusing—I would almost rather be in the dark again. I feel as if mountains were surrounding me. I don't know where I am—all is hopeless confusion. I see—oh, I am glad, I am glad; but I can't *use* my sight. Now that I have it, I don't know what to do with it."

As she uttered these last words, she fell back in her chair in a semi-conscious state.

I applied restoratives, and then carefully bound up the wounded eye.

The shock and joy were almost too much for her in her weak state. I had her taken straight to bed. I gave her a composing draught, and she fell quickly asleep. Having seen her in a satisfactory slumber, I hurried downstairs to speak to her father.

"Your girl will have as beautiful and perfect eyes as anyone need care to possess," I said. "I will operate on the left eye in a week's time. For the present, the right eye must be kept bandaged, but the bandage may be removed in a day or two. She will then have to learn to see just as if she were an infant."

"What do you mean?" asked Stafford.

"What I say," I replied; "your daughter cannot focus at present. She has no idea of distance—she must learn to use her sight just as a baby does."

"But she possesses eyes," said the mother, who had followed me into the room. "Oh, Dr. Halifax, how can we thank you?"

The second operation was performed as successfully as the first, and in a month's time from the date of the last operation, Molly Stafford could use her new possession with tolerable freedom. The eyes were beautiful; clear gray like the mother's, with black rims. They transformed her face, making it specially lovely.

A few weeks later, as I was about to leave my consulting-room after my morning's work, Stafford was announced. He came into the room in a hurry, and with signs of agitation on his face. He held in his hand a little box, which he laid on the table.

"How are you Halifax," he said, grasping my hand in his great grip. "I won't take up more than a moment or two of your valuable time. I have come with news."

"What is it?" I asked. "I hope nothing bad has happened. How is my patient?"

"In perfect and blooming health."

"Some thing has disturbed you, however," I continued, giving him a keen glance; "what is it?"

"Yes," continued Stafford, "I am both disturbed and relieved. I hurried up to town on purpose to tell you. What do you think happened yesterday?"

"How can I tell?" I said.

"Molly sees as perfectly as I do," said Stafford. "Her joy in her new possession is beyond all words. Since the date of the first operation she never once mentioned Winchester's name. Her mother and I hoped she had forgotten him, but we did not fail to remark that she still wore the coral bracelet."

"I should take no notice of that," I interrupted.

"Well, let me proceed. She wore the coral bracelet day and night, but she never spoke of the man. Yesterday she went out accompanied by a girl, who is a great friend of hers. This girl, Miss Henderson, is the daughter of our next door neighbor. She told us exactly what occurred. They were walking in the pine wood, chatting, as girls will, when who should appear directly in their path but that scoundrel, Winchester! He came up to Molly and tried to take her hands.

"She started back in amazement.

"'Pray, don't touch me,' she said. 'I don't know who you are.'

"He laughed and spoke in that confoundedly seductive voice of his.

"'I am the man whom you love—Basil Winchester,' he said. 'I have come to explain why I could not meet you six weeks ago. Can I see you alone?'

"'You, Basil Winchester?' exclaimed Molly. She looked full at him with an expression of puzzled incredulity. Then her voice took a half frightened, half scornful tone. 'You must be mistaken,' she said. 'I could never, never at any moment have loved a man like you.'

"Before he could utter a word, she turned from him and fled back to the house. She rushed into her mother's presence, flung her arms round her neck, and burst into tears.

"'Mother,' she exclaimed, 'I met a dreadful man in the wood just now. He told me his name was Basil Winchester. He said that I—I loved him once,'

"'But you don't love him now, my darling,' said her mother, soothing and kissing her.

"'I could never have loved that man, mother,' said Molly. 'I have a dim rememberance of an awful time, when someone of the name had a terrible power over me; but it could not have been that man, mother. I looked in his face, and I saw his ugly soul.'

"Miss Henderson came in just then and gave us a full account of the interview. The moment Molly fled from him, Winchester left the pine wood. Perhaps you think this is the end, but there is more to follow. Two hours afterwards the news reached us that the fellow had been arrested. The fact is the police had been wanting him for a couple of months. His reason for deserting Molly on that first occasion was fear of arrest. He ventured back hoping to secure his prize, the spell was broken, and he saw he could do nothing with the child. He was arrested on a grave charge of forgery, and is now in York jail awaiting his trial."

As Stafford said these last words, he sank back in a chair in manifest agitation.

"When I think of my child's narrow escape, I can't help shuddering, even now," he said.

"She has escaped, and now all is well," I answered.

"Yes, all is well. We have our child as we never thought to have her—beautiful, perfect, with eyes as lovely as her mother's. By the way, she told me to give you this."

When Stafford left me, I opened the little parcel. It contained—the red coral bracelet.

THE "NEW" COUPLE.

She was "new" and was constructed on the latest modern plan,
But she lost her heart, like others, and, of course, 'twas lost to man;
So at last the two were married, and they started married life
As they thought, equipped and ready, well prepared for any strife.

She was posted on his business quite as thoroughly as he;
She had studied all the details, and, as any one could see,
She could run the shop or office; and it also seemed quite clear
She could act as his book-keeper, or could serve as his cashier.

She could sell goods on commission, or could buy on thirty days;
She was sharper than most merchants in all proper business ways;
She could "take" from his dictation, and dictate to others, too—
There was nothing 'round the office that she really couldn't do.

So they thought they were well armored for a life of great success.
But the outcome of their trial was a failure more or less,
They are doomed to boarding houses, and regretfully they roam—
For while they both can run the office, neither one can make a home.

LUELLA AYDELOT.

By A. D. Hard, LaFayette, Ind.

SHE was dying; her white hands crossed upon her breast, her eyes closed, breathing quietly. She was apparently semi-unconscious, a state in which they told me she had been for several days. A more perfect picture than she presented that afternoon, I certainly have never seen — have never dreamed of. The pallor of illness had given to her superb face an almost angelic loveliness, a loveliness enhanced too by the magnificent brown hair which, let loose at her own request, clustered in rich masses over the pillow and about her shapely neck and shoulders. Beautiful seemed almost too common, too human an expression to be appropriate for her. She seemed rather to resemble one of those dream creatures portrayed by some great painter in a moment of special inspiration. As I turned away from the cot, I was distressed with the thought that the medical aid could do no more for her—that no human power could save that wealth of beauty from the grave.

Lue Moore, as she had given her name when they brought her to the hospital, with all her beauty of person and almost spiritual loveliness, had sunk—you can hardly believe it, I hardly did—down to indescribable depths of degredation and sin. Gentle born, carefully nurtured, adored, beloved, spoiled, down through the years of a cloudless childhood, and a girlhood full of fondest promise, this was the end of it all; a life wrecked; a death of ignominy in the common ward of a public hospital. What sad life stories there are around us, all untold, we may not—should not always know. When and how came the first step in this sad career, the step that had been followed by a rapid downward course from a paradise of early innocence to the awful hell of vice and bitter remorse in which her last days had been spent —I do not know, I have never been able to learn.

Some years after the death of Lue Moore I chanced to be with friends, recreating during the winter months along the beautiful Indian river in Florida. We had yachted from Titusville to Jupiter Inlet; explored the Halpatioka river in search of sea cows; feasted on the rare fruits growing in the gardens of Captain Richards, appropriately called Eden; dined again and again upon great oysters gathered with our own hands opposite Fort Pierce; and now all sunburnt and rugged, we had returned to Rockledge to witness the annual regatta, soon to occur off City Point.

The hotels and villas were filled with merry seekers after pleasure 'neath these sunny Southern skies. The Olio orchestra discoursed sweet music each evening from the great verandas of the Ledge Hotel, and the rustic benches under the tall palmetto palms at these times were all occupied with the visitors, listening to the sweet strains as they echoed back with charming melody over the water from the wooded coral reefs that separate Indian river from the ocean like a great wall, the peaceful river on one side, the wild roaring waves tumbling over Coquina rock and half buried timbers of wrecked vessels on the other.

Sitting thus, one pleasant evening in February, near the pier, I found myself casting more than frequent glances toward a plainly dressed lady of quiet mien but quite

unusual beauty of face and form, a little to my right. Her features were not only attractive from inherent beauty, but they challenged a vague memory in my mind which I could not make clear, some face that I had seen in the long past, but where and when I failed then to recall.

Turning to my companion, a fellow bachelor doctor from New York, I casually inquired of him if he knew the lady. "Yes, indeed," he replied," "quite well, she is a widow from Albany, stopping with the Fords, her name is Aydelot; but look here old fellow, you must not allow her beauty to effect your heart; promise me that, and this evening I will arrange a call at the Ford villa and give you an introduction to her." Of course I promised, and at the same time I felt almost sure that my friend had a selfish motive in asking it of me.

I found her charming indeed. She was refined in speech and manner, gracious, open-hearted and artless. She said but little, 'tis true, but her words were so apt and pleasing, and there was an indescribable pathos about her inflections which, with a touch of far away thought in her eyes, all combined to make it somewhat dangerous for an unmarried man under a promise to be in her presence. My intentions were all right with regard to my promise to my friend, but I certainly had never met any woman before that created such an impression on my mind. I was infatuated at once, although I would not have admitted it, even to my own self in thought, at that time.

"Well, Mrs. Aydelot," said my friend, "have you seen any of our old friends among the new comers? Has any one called from near home?"

"No—no I think not, at least not since you called last," she replied, with a sweet musical voice. "No one I mean except Luella, of course."

"Ah, except Luella?" said my friend, leaning forward a little in his chair, and I thought I could detect a slight change in his tone and manner, as though the question was asked to bring something out especially for my benefit.

"So she still comes to see you, does she?"

"Oh, yes, certainly," was the reply. "Her nurse brings her to me almost every day; indeed I don't know what I should do without her, the dear child, she is quite the sunshine of my life. She was here this afternoon, and as bright and lovable as ever. You haven't seen her of late, have you?

"No, not for some little time," answered the doctor quietly. "She is well, I hope."

"Yes, quite well, thank you. You won't find her much changed I think, but perhaps if you can wait a little you may be able to see her yourself, can you?"

"Well, not this evening, I'm afraid, Mrs. Aydelot," he replied, "We have promised to meet some friends at the hotel and they will be expecting us, no doubt."

"Ah, just so. But you will come back to see her some other day, won't you? Yes, she is just the same as ever," she continued, and her eyes seemed filled with a peculiar brightness. "She has always been so fond of flowers, you remember, and as I have fresh roses arranged about the room every day that she comes, she has come to expect them, and her glee more than repays me for the trouble. She notices them all, and always says something lovely about them. Only yesterday she whispered to me before leaving, "Mamma dear, it is so good of you to give me such pretty flowers when I come to see you, keep them always in the room, mamma, and then you will never

forget me." Mrs. Aydelot smiled, but at the same time a sudden shade as of sadness crossed her face, like a fleecy cloud making sunlight mellow.

"As though I needed even flowers to make me think of my darling Luella," she added softly, then after a short silence she continued: "I think of her all the time. You can not know how dark life would be for me to-day without her. She is my sunshine, my music, my joy. In the bright hours of the afternoon when she comes to bear me company, when she plays at my feet, or sits on my knee and listens to the stories that I tell to her, then I am happy; and when she has gone," —her voice trembled and tears started in her beautiful eyes— "when she has gone I sit disconsolate and wait—wait till she comes again. And I then wonder sadly what would happen to my dear child if I should be taken from her by death, to leave her all alone just as she now is, all alone with her beauty, with no one to help, guide or care for her, and then I almost wish that she might die now so that I might know that all is well."

"Mrs. Aydelot," said my friend in firm but reproachful tones. "You must not give way to ideas of that kind. It is not only unwise but unreasonable. Think of the beauties of the bright side, and remember the many joys that you have just spoken of—joys that do not come to all, joys that should make you truly happy, as well as very thankful. The woman's face brightened up as she again spoke.

"It is foolish of me—yes I know it is," she answered almost cheerfully.

"I do not give way to such thoughts, really I do not, only now and then; the afternoon comes around again soon, and with it comes my darling, and then all is well, my gloomy forebodings vanish like mist before a rising sun, and I am happy—oh, so happy once more."

As she ceased speaking a peculiar vague look came over her features, and I could see that she was unmindful of all around her; wrapt in thought seclusion, so intense that it shut out everything. She could scarcely be induced to answer a question except with a short seemingly thoughtless word. But when we arose to depart she suddenly regained her consciousness with a start, and for a moment seemed to hardly realize her position. Her eyes quickly brightened, her features put on their wonted depth of refined expression, and again she seemed self possessed. Holding out her hand she bade us good-bye with all charming simplicity and warmth that had so charmed me at the outset.

"Do call on me again," she said to my friend. "And you too," turning to me. "It is so kind of you both to think of me; and I need not tell you how grateful I am for your kinds words to-night. Come again and if you will let me know when you will call I will,"—and her voice sank almost to a whisper—"I will take care that Luella shall be here then, I do want you both to see her."

My friend said something, by way of reply, I do not remember what, which was well, as my tongue was tied, and with a smile she bade us adieu.

The following day found me in her company on the beach wandering away from the balance of a little shelling party. Her voice was music in my ears, and her entrancing beauty and suaveness of expression awakened feelings that were strange to me. I did not wish to think of it as love, but as each rambling course of thought led back unbidden to a fond contemplation of ner every word and glance

of eye, I was forced to admit that such was the proper diagnosis, and yield myself captive to its silken fetters, so soft yet strong.

All too quickly sped the days of enchantment in this sweet retreat 'neath sunny skies. Everything conspired to steal away the heart. Nature is bounteous here with every influence that can fill the soul with dreamy languor and sweet content. Gentle zephyrs laden with richest perfume of tropic fruit and flower; waving tresses of sombre-hued Spanish moss draped the tress, forming a contrasting background for a very wealth of blossoms in brightest colors of every hue; the awe inspiring grandeur of old Atlantic's wildest rolling billows breaking on an unapproachable shore; the monotonous cadence of the whip-poor-will measuring off the lingering twilight that hesitates to give up the beauty-laden day to the more tranquil shades of peaceful night.

My friend had just returned from a three weeks' cruise down at Lake Worth. "What do you think of Mrs. Aydelot?" he asked me rather suddenly one evening as we were drifting out on the quiet river in a little fishing boat. "Have you kept your promise to me?"

"Leslie," I replied, "I think Mrs. Aydelot the most charming woman that I ever had the good fortune to meet, and as for the promise, you need not be greatly surprised if I break it, and take her back to New York with me as my wife."

"Great Scott! James," ejaculated my friend, as he faced me with a look of dismay. "This must not—cannot be." I've often heard that 'Love is blind,' but I did not think for a moment that you, a physician of experience and scientific acumen, could fail to see that this lady with all her beauty is a pronounced paranoac—and I have been the unwitting cause of it all. Why James, this woman is the subject of long established mental delusions, she is insane, hopelessly insane." And after a moment's delay, he continued, "Did you not know that the little child that she speaks of so fondly is but a myth, a lingering memory of the past when her mind was not diseased, a present delusion of a disordered intellect?"

"What do you mean, Leslie?" I inquired earnestly, "I have not noticed any delusion; explain more fully."

"I mean this," he replied, as he leaned slightly forward, "Luella Aydelot has been dead for some years, and her mother fancies that she still exists as a little child of five years, and as such comes to visit her every day. The story is a sad one: do you care to hear it?"

"Yes," I said, "tell me the whole story."

"Well, lay the oars in the boat and let her drift while I talk. "Mrs. Aydelot, soon after the death of her husband, had the further misfortune to lose her only and much loved daughter, not by death, it was worse than that, she was enticed away, betrayed, ruined. She was just sixteen when last her mother saw her, and a more lovely girl could hardly be imagined. Her mother's mind did not stand the double shock, and for a time she was detained in an asylum. But the mental disorder settled down to a condition of delusions of the memory alone, and she was returned to her friends as incurable. From what I have told you it is plain to your mind that she will, before long, as a result of this condition, enter upon the retrograde brain changes that lead through mental oblivion to the grave. Now you have heard the story, listen to my commands. You must go back to New York with me in the morning

and try to forget at least some of the experiences of your winter in Florida."

As he spoke my mind reverted to the death bed scene of Lue Moore in the New York hospital, and recalled her features I compared them to those of Mrs. Aydelot and at once recognized beyond possibility of mistake, the long lost Luella Aydelot. These sudden revelations of memory, and my friend's strange words, caused almost a bewilderment of my thoughts. I made no reply, as for several minutes I sat gazing into the water, looking, but seeing nothing. The following day my friend explained as best he could to Mrs. Aydelot that business of great importance called us back to New York.

THE LADY "SPECIALIST."

A well-known physician, who a few months ago was thrown from his carriage by his horse taking fright at a bicycle on Seventh Ave., and who had his head badly hurt, was driving on Jerome Ave. a few days ago. He was suddenly taken with violent pains in the head, as had intermittently been the case ever since he had been injured. He stopped at Judge Smith's old place to see if he could not do something that would afford him relief.

As he was debating with his lady companion as to what he had better do, a well-dressed woman with a gripsack entered the parlor and took in the situation at a glance, for it was plainly evident that the physician was suffering greatly.

"Is the pain mostly in the back of your head?" asked the woman.

"Oh, it's all over my head," groaned the physician.

"Let me feel your pulse. Exactly. Caused by a nervous state, brought on by shock. Your tongue. I thought so. Corroborates my diagnosis."

"Are you a physician?" the sufferer asks.

"Not in its general sense. I'm a specialist in neurasthenia. Use little besides animal magnetism. Don't believe in drugs for it. You are skeptical, of course, but I'll agree to cure you in ten minutes or forfeit $100."

"I'll give you $10 if you can cure me in an hour," groaned the despairing sufferer.

The woman made the physician recline in a rocker and close his eyes. Then she began to rub his face and hands, making a motion as if shaking off something from her fingers at each pass.

Strangely enough, in less than five minutes the sufferer began to feel easier, and in five minutes more the pain had entirely disappeared.

The physician forthwith offered the woman a $10 bill, but she refused it, saying that she simply wanted to prove the efficacy of her theory.

"You'd better sit quiet and lean back for about ten minutes, so, and close your eyes, so, to prevent a recurrence of the trouble, for your nerves need rest and nourishment. Take no stimulants—better take sedatives. Good afternoon."

And she gracefully bowed herself out.

"Where's your scarfpin, doctor?" asked the physician's companion. "Did you take it off?"

He felt for it, and then exclaimed:

"Robbed, by Jove!"

The "specialist" had gotten a diamond pin worth $130, a $1,000 bill, two $20 notes and a railroad pass to Niagara.

THE MEDICATED KISS.

Jennie kissed me when we met—
Not as one we osculated;
Leaving doubt and vain regret.
Jenny's lips were medicated!
So! the romance fades away—
Love has lost his dearest blisses;
Ruined is the rose of May
With these chilly, drug store kisses!

In the sunny south where blue-grass grows
A paradox is born;
The corn is full of kernels and
The colonels full of corn.

NOT BUILT THAT WAY.

Mrs. Mermaid (to her daughter)—"My dearest, why those tears?"

Miss Mermaid—"Oh, mamma, I never, never can ride a bicycle!"

The following text I have seen on a grave board in Oakwood Churchyard, Surrey: "The Lord hath need of him." This quotation from the Bible refers to our Lord's want of an ass to ride to Jerusalem.

Bride (on shipboard at sea)—I feel so sick, my dear, and if I should die and they bury me here, you'll sometimes come and plant flowers on my grave, won't you.

TROUBLES IN THE COMMUNITY.

The coal-dealer died of colitis,
The twine-maker had the chord-ee;
The farmer's attack of oat-itis
And rye-neck was painful to see,
The wheelman went blind with cyclitis,
The bridge-builder suffered from piles,
The servant girl had Sal-pingitis,
And the cook was all covered with b'iles.
—*Exchange.*

A maiden writes: "Can you tell me how to change the color of my hair, which all the young men tell me is red?" Certainly we can. Get rich; they will then call it golden or auburn.

THE DOCTOR'S ADVICE.

"Have you no pen and ink?" said a doctor to a poor woman whose boy he was attending.

"No."

"Well, I have lost my pencil; give me a bit of chalk."

The doctor chalked a prescription on the door, telling her to give it to her son when he awoke.

"Take it, my boy, take it," said the old woman, lifting the door from its hinges and carrying it to the poor boy when he opened his eyes. "I don't know how you are to do, but the doctor says it is good and you had better try to bolt it.

FULFILLMENT.

She grasped the bar, arranged her skirts
With dainty little tucks and flirts;
Posed on the saddle, felt the tread
Of pedal, and, "I'm off," she said.

A whirl of wheels, a swerve and sway,
And from the road bed, where she lay,
She realized in full degree,
The climax of her prophecy.

A SAMPLE TESTIMONIAL.

Dear Doctor:—I received your pills but have not taken them and am happy to say that I find myself very much improved. Many thanks. WILLIE WELLER.

Blackbasse—"How's your health this summer?"

Laketrout—"It was very good, I thank you, until the fishing season opened, but since then I've been troubled with worms, and at times I've been almost in seine.—*Ex.*

THE CURE FOR A COLD.

"No, sir," said the gentleman from Kentucky, "out our way, sir, we never tell a man what to do for a bad cold."

"Is that so?"

"Certainly. If a gentleman in Kentucky, sir, has a cold and doesn't know what to do for it, sir, it shows at once that he is an alien and not entitled to our neighborly offices, sir."

NO DOUBT ABOUT IT.

Mrs. Fairview—Doctor, do you think my husband fully realizes his condition?

The doctor—I do. He asked me to-day if I was a married man.

New resident (at Rockaway). "Who is the best physician in the place?"

High Local Authority—"Dr. Germs, by all means. He is becoming a very famous man. Why, people are sending for him from everywhere. I advise you to try him."

New Resident—"What is his specialty?"

High Local Authority (with pride)—"Autopsies, I believe, sir."

A GENEROUS LAD.

"Tommy!"

No answer.

"Tom-mee!"

"Well?"

"What are you doing to your brother Willie?"

"Nothin."

"Yes, you are. You are making him cry."

"No, I ain't—I'm bein' generous. I'm givin' him half o' my codliver oil.

ALL A MISTAKE.

The reporter that had accompanied the special train to the wreck hurried down the embankment and and found a man who had one arm in a sling, a bandage over one eye, his front teeth gone and his nose knocked four points to starboard, sitting on a piece of the locomotive and surveying the horrible ruin about him.

"Can you give me some particulars of this accident?" he asked, taking out his notebook.

"I haven't heard of any accident, young man," replied the disfigured party stifly.

He was one of the directors of the company.

[*The publishers of this journal, and they only, are responsible for what they from time to time disclose under "Ethics and Politics." The editor will as heretofore confine his attention to the discussion, from a medical standpoint, of questions of professional nature. The editor neither writes nor edits matter under this caption.*]

Among the Pharisees.

"The morals of the British practitioner are carefully and tenderly regulated by a number of estimable gentlemen who compose what is known as the General Medical Council. This august board of censors meets several times a year, and tries the cases of those who have tried to let their light shine before men, whether through a paid ad or a friendly press notice. But when a law-maker breaks the law, when a vigilant censor himself permits his name to be mentioned in the columns of a lay journal, things have indeed gone wrong. It is then the duty of the medical press to administer the rebuke that the councillor cannot be expected to administer to himself, and this is the way the *Lancet* does it: 'We notice in the columns of a lay contemporary an announcement that 'Sir Dyce Duckworth, the well-known physician, has gone to America. He intends to be back in this country about September 16th.' We are too often compelled to reprove practitioners with advertising, or to call attention to their being advertised by injudicious or stupid friends, and we cannot ignore similar occurrences in the case of leaders of the profession, although we feel sure that the objectionable notice has been inserted without Sir Dyce Duckworth's knowledge or leave. The curse of publicity which necessarily attends upon those in any prominent position makes it, perhaps, more difficult for them than for humbler members to avoid this sort of thing, but owing to their position it is of all the more importance that they should take every means to prevent such notices getting into the public press.' We are truly sorry for anyone writhing under the curse of publicity, but the only remedy that we can

suggest to our suffering colleague is that he come to this country again and remain here, for we have so many in prominent positions that he might with less difficulty preserve his incognito."

The foregoing playful extract is from the *Medical Record*, and in the neatest possible way hits off the hypocrisy that prevails within the ranks of the British Medical profession. Our experience with that arch-advertiser, Mr. Earnest Hart, editor of the *British Medical Journal*, is too recent for any protestations, however vehement, of courting retirement and self-effacement on their part to find credence.

We thought that while Hart was here he had exhausted every possible advertising device and invention. Certainly no such athletic advertiser was ever seen before in the western world. In fact he came so near covering the whole ground that Dr. Forbes Winslow who is the last exponent of the English medical man to visit our shores, has been driven into writing alleged poetry, as the only field left unworked by Hart. Forbes Winslow, D. C. L., is not a success in poetry as any one can see from the tenor ot the following doggerel clipped from one of the great eastern dailies:

PASTEUR—IN MEMORIAM.

Heroic deeds to benefit mankind
Will live forever, acts of science find
A lasting record, in history a place,
As benefactors of our mortal race,
To stamp the virulence of dread disease,
And by experiments our ills appease.
Jenner, the first to risk a life so true
Has robbed the smallpox of its deadliest hue;
Now Pasteur's gone; let's honor well his name,
Illustrious scientist, whose glorious fame
And deeds of brav'ry known to all the world,
The rabid virus from his throne he hurled.
Both poor and rich repaired from far and near
To have his treatment; he allayed all fear.
O! may his deeds be crowned with victory.
He risked his life to save humanity.

FORBES WINSLOW, D. C. L., Oxon.

Westminister Hotel, Sept. 29, 1895.

A lesser light than Forbes Winslow, D. C. L., who would dare offer for publication such an inane jingle as the foregoing would lay himself open to a strong suspicion of being a victim of paresis; and indeed it is a question if he himself has not suc-

cumbed, as often happens, to the very diseases that most engage his attention viz., mental and nervous disorders.

* * * *

Misplaced Confidence.

There are, no doubt, some more heinous crimes than that of plagiarism. Men commit acts that work a greater amount of suffering and evil to their fellowmen than stealing their written words, and taking the credit that does not belong to them; but there are few meaner deceits that a man can do, none that show a more contemptible, cowardly spirit. The punishment that fits this crime is not worthy the dignified attention of court and jury, but should be something ignominious, that would follow the pseudo-author like a Nemesis, and never leave him.

These remarks are called out by the fact that we have recently been imposed upon by one of these creatures.

There is a rule that obtains in the conduct of this JOURNAL to the purpose that no anonymous article finds admission to its pages. Last month we transgressed this excellent rule in favor of an article entitled "*Can Celibacy be Excused?*" signed "Dr. H." Because the article was exceptionally well written, treating of a subject that is always interesting, we gave it place, with a brief note of explanation; and inwardly congratulated ourselves on our new contributor who handled English in so masterly a manner, and looked forward hopefully to future contributions from his facile pen. This bright dream was not of long duration. A few days after the issue of the October JOURNAL, we received a communication from Dr. Burnside Foster, of St. Paul, explaining that the reason why "Dr. H." had displayed so much modesty and hesitation in signing his name to his alleged article, was due to the fact that it had been stolen almost in its entirety from Dr. Johnson's *Rasselas*. The joke of course is on the Editor who should have recognized at once so bold a literary theft, and from so familiar a source. That he did not do so does not in the least allay his irritation, nor is it a sufficient reason why the moral turpitude of "Dr. H." should go unexposed.

We wish to publicly express our thanks to Dr. Foster for having enlightened us in this matter. It was our intention to have

his communication published in full, but we have taken too good care of it and cannot find it. Dr. Foster is a Harvard man and his immediate recognition of an isolated extract from an English classic, indicates how thoroughly he has improved his exceptional opportunities.

"Dr. H." whoever you are, you need send no more of your borrowed wares to this market. We think you are a contemptible puppy, and know that you are a disgrace to your profession, and we predict that, if by reason of your youth, or for any other cause you are not already one, in ten years' time you will be the veriest quack, at large.

ODE TO PILES.

The following lines were written by a patient of Dr. Edmund Pugh, of San Francisco, whom the doctor afterwards cured of his hemorrhoids:

The Piles! Aha! I know them well,
Each feature, tho' I may not see 'em,
Old foes which fume and fret and swell,
And vex and plague my perineum.

You blush at mention of a pile,
And would, perhaps, the theme avoid.
Well, then, suppose, to put on style,
We call the thing a hemorrhoid.

Tho' having an ill-omened name,
It seemed as if they might not pain us
When first as visitors they came
And took up lodgings in the anus.

But now at each succeeding bout
The plagued pains appear distincter,
And there can be no longer doubt
Of their relations with the sphincter.

You ask me by what obvious sign
One may with certainty detect them.
Well, I can only say that mine
Are like a hornet in the rectum.

Which, having wandered from the way,
And angry at the situation,
Stings right and left while it may
And tortures one in defecation.

Avaunt! It is a vulgar rhyme;
Yet stay, there must be means to cure 'em.
Oh, yes, if you but give them time
And very patiently endure 'em.

There are a thousand cures, you know,
All certain sure as dead-shot candy;
'Tis well to buy a score or so
And lay them by to have them handy.

And when the hornet's rage is spent
And things assume their wonted quiet,
The cure, tho' it may not prevent,
Will surely quell the painful riot.

—*Medical World.*

The Cincinnati Medical Journal.

Address all Communications to the Editor, Court and Broadway, Cincinnati, O.

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Editorial.

Facing the Situation

"Within the memory of living physicians, specialists of all sorts were ranked as 'irregular' and with them were classed 'practitioners of massage,' 'electro-therapeutics,' etc. Now, work in these fields is regarded as the most honorable, and the workers receive the largest returns in money, honor and fame." This is an extract from Dr. Leartus Conner's now famous paper read before the Academy of Medicine in Baltimore last May. That it is an absolutely true statement there is none to question. And in view of such startling changes as have taken place in the last forty years, it is no more than prudent to turn to the future and inquire what it may have in store for us. By this we do not mean future generations of doctors, but what will we ourselves be doing twenty years hence, and how had we better trim our individual sails to meet the new "trade-winds?" As it seems to us the vital question is not one of coalescing of medical schools, and the passing of the Code of Ethics. That advances of this kind are already taking place no observing man can doubt. The question is a far more practical one than these. It concerns our success as practitioners, our incomes, our standing.

Are there not already enough signs present to indicate that the successful doctor must above all things be a correct diagnostician? That the remedies he will prescribe will all be compounded in the great laboratories presided over by medical and chemical experts? That the writing of prescriptions will be almost entirely removed from the province of the attending physician? That having diagnosed the case it will only remain for him to suggest what is the correct preparation or preparations?

At the first glance so sweeping a change as this seems to

narrow the professional range tremendously, and it is naturally repellent to our instincts; but a calm examination of the ground throws an entirely new light on it. Instead of robbing professional life of dignity, it only relieves it of a burdensome, and an exceedingly worrisome part of it, as it now exists. There is too much truth in the statement of Dr. Starling Lovering, in a paper read before the Mississippi Valley Medical Association, scoring the present method of prescription writing as followed by the average physician. He said; "In but few medical schools of the present day is the theory and art of prescribing taught, or even mentioned. Hundreds of bright, enthusiastic young men, full of knowledge of other departments of professional learning, and of hope and ambition, are turned out every year without having had even a hint of the difficulties which they must encounter when they essay their first prescription. The same lack of method and carelessness notable in the writing of prescriptions is to be found in the combining of medicines in the various forms. Sufficient attention is not always given to compatibilities, chemic and therapeutic, to solubilities, the influences of light, temperature, the air, and of other circumstances affecting the condition of drugs and chemicals."

Will it not become the province of the manufacturing chemist to meet all of these difficulties?

It is right in asking questions of so much moment as these to state the reasons why they are pertinent. First; the chemical laboratories, great commercial concerns, are more and more attracting men of exceptional ability, who devote all their energy in discovering and testing specific remedies. This is at the present time probably truer of European countries than of our own, but is sure of speedy imitation here. As illustrations, the names of Koch and Behring, and Roux and Pasteur come at once to mind. Second; already laboratory preparations for different diseases are widely endorsed by the profession, notably in cases of diphtheria, consumption, malarial fevers, hydrophobia and many others. Thirdly; the number and financial strength of the concerns engaged in the manufacture of these pharmaceutical products indicate how strong a hold they already have.

Now suppose that the time is not far off when the doctor's chief responsibility will be to correctly diagnose a case, and pick that one of the laboratory products that meets the emergency, what then? Will it be possible for him to get along successfully with less education? Will he be less looked up to in his community? Will the ministers and lawyers think that he is crippled and plucked? Will he be less deserving of confidence and respect, less worthy the rewards and remunerations of his high calling? Certainly not. On the other hand, will he not thereby be freed from the most unsatisfactory part of his work, free from the constant menace of possible mistakes, free from the peril that always threatens from the avariciousness of the druggist, and the ignorance of the druggist's clerks? And finally, of greater importance than all the rest, will not this state of affairs relieve our profession at once and forever from the last taint of commercialism, and leave it on a high mental, moral plain, no longer a slave to the corner drugstore, with its innumerable petty annoyances and hinderances?

* * * *

Electricity as a Therapeutic Means.

The paper read by Dr. Apostoli (published in this copy of the JOURNAL) at the meeting of the British Medical Association is an important one, and represents the direct practical application of the physiological facts brought out by D'Arsonval's experiments with animals. The current of high frequency and high potential is caused to traverse a large helix, inside which the patient is placed, and the effect is to set up induction currents of a similar kind inside the patient's body. These travel in closed circuits through the tissues and produce nutritive changes, which can be recognized by their effect in increasing the elimination of carbon dioxide and of urea. The actual figures are promised at an early date. The results are good in diseases characterized by failure or impairment of nutrition, and accordingly Dr. Apostoli reports successes in anæmia and debility, gout, rheumatism, neurasthenia and hysteria. In diabetes also there have been some favorable cases. The principle of the localized application of electricity for the relief of disease, so ably insisted

upon by Duchenne, has delayed the recognition of the important general effects to be obtained from electrical treatment. At present there is a distinct movement in favor of general electrification as a therapeutic means, and the results appear to be almost identical in character, whether the method employed be by the alternate current electric bath, advocated by Gautier and Laret, or the high potential induction method of D'Arsonval and Apostoli, or the electrostatic methods favored by Vigouroux and Morton of New York, who use the Wimshurst or some similar machine as the source of the electricity applied.

* * * *

Have You Tried Imperial Granum?

The great difficulty that every physician encounters more or less often in the course of his regular practice of finding for his patients a food at once digestible, nourishing and strengthening is met and overcome in Imperial Granum, a pure and reliable food manufactured by John Carle & Sons, of New York, who have long held an enviable reputation among the doctors of this country for the value and integrity of their products. A writer in the *Medical Record* endorses Imperial Granum in the following unequivocal terms:

"Of the varied preparations so highly recommended by those who put them on the market, Imperial Granum seems to hold the first place in the estimation of medical observers."

It is neither a stimulant nor chemical preparation but a food made from the finest growth of wheat. Its use never interferes with the action of medicines prescribed, and the stomach is often able to retain it when all other foods are rejected.

We have in a number of cases, of all ages, seen it accomplish very desirable results, both in fevers and gastric troubles, and we recommend it to our readers. The manufacturers cheerfully furnish sample packages with no expense for even carriage to physicians asking them.

* * * *

The Modern Pool of Siloam.

(Whatever the reader may think of the miraculous cures at Lourdes—and there is scarcely room for more than one opinion—it must be admitted that the place is attracting wide-spread attention, and there are thousands of intelligent people who believe that the waters are able to effect instantaneous cures.

The following *Associated Press* dispatch indicates what feeling prevails in France at the present moment:

"Lourdes, Aug. 24, 1895.—Fourteen railway trains loaded with sick, maimed and otherwise incapacitated persons arrived here from Paris, today, and their occupants are lying helpless around the station clamoring to be carried to the sacred grotto. There are now twenty-five thousand persons here waiting to be dipped in the healing waters, many of whom appear to be at death's door. Seventeen of the occupants of the last train which came from Paris died on the journey."

The greatest of French novelist, Emile Zola, has written a book entitled "*Lourdes*," treating of the subject. This book has already attained the enormous sale of 132,000 copies. These facts are cited to show how important the subject is at this time. It is not often that we publish articles by a layman. But the description of Lourdes given by Chauncey M. Depew on his recent return from his summer outing in Europe is thought to be of sufficient interest from a professional point of view to warrant space and attention. There is probably no man in the United States less credulous, less likely to be imposed upon, better acquainted with the ways of the world, the flesh and the devil, than "Dr." Depew, the genial president of the New York Central R. R., familiarly known as "the human peach." The question is: what explanation can be made of the apparently well-authenticated miracle which he saw with his own eyes?—EDITOR.)

"Being in Lourdes while in the Pyrenees I paid a visit to this world-famous shrine. The village church stands on a high hill, and on one side is a precipice running down to the river about two hundred feet. At the bottom is a grotto about one hundred feet deep, irregular and rough in shape. The legend of the place is that in 1858 the Virgin appeared to a child in this grotto and conferred upon her the power of healing the sick, and a fountain burst forth, the waters of which have miraculous power. Alongside the grotto is a bathing place, with four bathtubs filled with ice-cold water from this spring. Into this the patients are plunged, no matter what their disease or deformity. I was told over twelve hundred were dipped during the day I was there. They are plunged into the water and

instantly taken out under constant and loud supplications for their healing. At night the sights and scenery are wonderful. Thousands bearing torches and singing hymns are marching over the winding roads. Other thousands are on their knees in the space in front of the grotto praying, singing, and imploring the Virgin for help.

"As I was crossing the plaza from one of the dispensing wagons I heard my name called. The wagon was occupied by a lady, and drawn by her son—a student at the College of Physicians and Surgeons in New York. Both had recognized me. She said that the doctors at home had told her that science and skill could do nothing for her. She had come to Lourdes with hope. I asked the grounds of her hope and she said: 'Why, a miracle was performed this afternoon before your eyes. Did you not see it? That was the cause of the great excitement.'

"This was her story: 'A young girl who was stopping at the hotel had been unable to walk or put her foot to the ground for six years. She had suffered frightful pain and seemed in agony when dipped into the icy water. After the procession that afternoon she had called out that she was cured. I said to the medical student: 'What do you know about this?' He said that he had seen the knee bandaged at 12 o'clock that day. It was swollen badly, and he counted twenty-eight running sores, from which the matter was exuding in a sickening way. I told him that I must see the girl. The pilgrims were mobbing the verification room, to which she had been taken, and the attendants were doing their best to keep them out and get them away. When I entered the room the girl was not there, having been carried home to escape the crowd. There was an English doctor and I appealed to him. He said that he had dressed the leg at noon, that it was swollen and incurable; that he had cut the bandage off a half hour before and the leg was healed and the girl could walk, and he showed me the cut bandage. I then insisted that I must see the girl.

"About 8 o'clock that evening my student acquaintance came to my hotel with a message that she and her friends would be glad to see me My son and I started off instantly. I found a young lady about 17 years old, with an innocent, happy face. She told her story substantially as I had heard it, and said she had been unable to walk a step for six years. I asked her if she could walk now, and she went several times around the room, limping some, but with no apparent pain. I then ventured a request for the sight of the knee. Her friends said certainly. The knee seemed quite normal. The flesh and muscles were firm and natural. Black spots marked the place where the running sores had been, but the sores were healed and had healthy skin over them.

"'I have little faith in modern miracles, but this case puzzled me. Of course its weak point, so far as I am concerned, is that I did not see her before the alleged cure. The testimony, however, of the New York medical student, of her mother and of the English doctor was clear and positive. They might have been deceived, or tried to deceive me, though neither seems possible.'"

THE PAST MONTH

Brief and breezy items of news are asked from Doctors everywhere.

THE private safe in the residence of Dr. Rowles, penitentiary physician at Columbus, Ohio; was cracked by burglars on the morning of the 27th ult. and $200 stolen.

DR. J. W. MORGAN, of Cadiz, Ohio, was arrested Oct. 18th, for having sent a dun to a former patient written on a postal card.

OLIVER B. RICHARDS, M. D., of Nova, Ohio, is a new subscriber. He is a practitioner of twenty-one years. He has an excellent country practice in one of the most favored portions of the state.

C. W. MANGUS, M. D., of Clark, Mo., sends in his subscription for two years. Dr. Mangus is an old friend of the JOURNAL. He not only has an excellent practice, but is also the proprietor of as complete a drug store as any in his part of Missouri.

DR. I. N. LOVE, editor of *The Medical Mirror*, discussing therapeutics of diphtheria at a recent meeting of the St. Louis Medical Society, said: "In a discussion recently heard by the speaker in London, the expressions in favor of antitoxin were not at all enthusiastic. In a recent discussion in the Academy of Medicine in New York, Winter, who ranks as one of the best observers in America, reports against antitoxin. Lenox Browne, in the discussion in London, reported 100 cases treated by the usual methods and 100 cases treated with antitoxin. Both sets were treated under similar conditions and the percentage of deaths was 27 in each. He also analyzed the statistics of some of the cases previously reported and came to the conclusion that they were hastily made up and without proper grouping. In his work, which is just out, he summarizes the data collected and concludes that the antagonizing efficiency of antitoxin is still unproved."

Later on at the same meeting when asked whether the 100 cases reported by Browne as treated with antitoxin, were so treated to the exclusion of all other remedies, Dr. Love replied, "They were not treated with antitoxin exclusively," and doubted whether any physician had the *courage* to use antitoxine exclusively.

W. B. SAUNDERS, 925 Walnut Street, Philadelphia, the well known publisher of medical text books, advises us that he will have ready by Jan. 1st, '96 *The American Year-Book of Medicine and Surgery*, edited by Geo. W. Gould M. D. It is the aim of the publisher to place before the physician in convenient form *an epitomization of current journalistic literature by persons competent to pronounce upon the value of a method of treatment.* It is the special purpose of the editor, whose experience peculiarly qualifies him for the preparation of this work, not only to review the contributions to American journals, but also the methods and discoveries reported in the leading medical journals of Europe, thus enlarging the survey and making the work characteristically international. *The Year Book of Medicine and Surgery* will be issued annually hereafter.

Says the London correspondent to the *Boston Transcript*: "One medical point of interest is worthy of recounting to Americans, because of its dissimilarity to American usages. It is quite rare to see either Dr. or M. D. on the door-plate or card of an English physician, Doctor of Medicine being a degree among them to which it takes eight years of a special collegiate course to attain, and evidently not considered necessary to pathological acquirements. Their cards read "Mr. ——, Surgeon," which does not mean a specialist in surgery, but a general practitioner."

Our long-time friend and occasional contributor to the Journal Dr. H. C. Bennett has removed from Lima, Ohio to Fort Wayne, Ind., where he has assumed the superintendency of the Magnetic Mineral Well Sanitarium. Dr. Bennett succeeds the well-known Dr. C. B. Stemen who was for fifteen years editor of the *Journal of the Medical Sciences* and is chief surgeon of the P. F. W. & C. R. R. Dr. Bennett promises to send to us interesting short articles and case reports. We wish him all success in his new post.

It is the duty of every doctor to warn the people in his community of the danger of buying unknown varieties of soap from irresponsible peddlers. A case is reported from Lancaster, Ky., of a man who washed his face with soap thus purchased resulting in his loss of sight for hours, due to the acid in the composition of the soap.

Dr. Frank W. Harmon, superintendent of Longview hospital, Cincinnati, and brother of Attorney General Harmon, was married at Alliance, Ohio, Oct. 16th, to Miss Cora I. Shaffer of that city. Dr. Harmon and his bride were the guests of the Attorney General in Washington for a few days before taking up their residence at Longview.

A Kansas City, Mo., dispatch of Oct. 15th, states a female physician, Dr. Nannie A. Stevens, to-day brought suit for divorce from Ralph Stevens, a well-to-do Wichita farmer, charging, among other things, that he "laid around and would not help her get the meals." The complainant was formerly a prominent member of the Woman's Federation in Kansas.

Dr. H. A. Lobey, superintendent of the Ohio State hospital for criminals at the recent conference of state charities, lectured on the insane and epileptic. He said that it was better to give social treatment than medical treatment to patients, and that he was glad that the popular thought now is that insanity is more of a disgrace than a disease.

The writer of the following letter began the practice of medicine thirteen years ago. He has a splendid country practice in one of the most favored portions of the Buckeye state. Competition with him is only nominal. His letter to us is given in full as a splendid illustration of the kind we like to get.

Auburn, Ohio, Oct., 25, 1895.

Editor Cin'ti. Med. Journal.

Dear Sir:—Enclosed find one dollar for subscription to Journal. Am well pleased with it and think it grows better and better with every number. It is one of the *best* of medical journals and I do not see how you can afford the amount of reading it contains for the sum of one dollar. You may count on me as a *subscriber* every time. Wishing you and the Journal success in the future as in the past. Respectfully,

Geo. H. Thomas, M. D.,
Auburn, O.

JOHN S. STEWART, M. D., of Mansfield, Ohio, is a new recruit to the JOURNAL, Dr. Stewart has been in harness since 1877. Also Dr. M. E. Knowles, of Hamilton, Montana.

W. C. BRACKETT, of Flippin, Ky., is one of those subscribers much appreciated and liked by publishers. He pays his subscription in advance without being asked. Thanks, Dr., for recent favor.

DR. W. P. WEAVER, of Miamisburg, Ohio, has long been a friend and supporter of the JOURNAL, another one of those who volunteer paying their subscription when the right time comes around.

ROBT. M. HILL, M. D., of Mount Meigs, Ala., is among the new subscribers. Dr. Hill began the practice of medicine in 1860, and has long since earned for himself an honorable position in the profession.

THE first Japanese newspaper appeared only twenty-five years ago. It was published monthly by a druggist, as an advertising medium. Now there are over four hundred journals in the realm of the Mikado.

DR. GEO. H. SMITH, formerly of Taylor Mines, Ky., is now located at McHenry the same state. In sending in his subscription recently he takes occasion to say, "I like the CINCINNATI JOURNAL for its outspoken manner, and I certainly think Dr. Ben. Brodnax's articles are fair and square, and full of facts.

THERE is an epidemic of typhoid fever in Grant Co., Ky. On Oct. 8th there were reported two hundred cases of the malady; local physicians attribute it to dry weather and impure water.

DR. E. H. KILE a friend and supporter of the JOURNAL writes the editor that he has recently removed from Upper Tract to Job, W. Va. right in the heart of the Alleghanies. He invites us to pay him a visit, saying that the deer are very plentiful. Dr. Kile is a young physician of bright promise.

S. C. YORK, M. D., of Coalton, Ky., has joined the increasing ranks of the JOURNAL readers. Dr. York is a practitioner of nineteen years' standing. He is the only representative of the medical profession at Coalton and no competitors need apply, for Dr. York has a firm grip on all the practice thereabouts.

MANY people believe literally that "there were giants in those days." This belief is not borne out by proof. In fact the exact contrary was the case. Far from having been of greater stature than his decendants of to-day, prehistoric man was slightly smaller than the modern. His bones have been dug up and prove this fact. Human beings to-day have more comfort and are better nourished, and these conditions tend to increase the size of the body, making growth more rapid. Anthropologists have noted the fact that intense cold dwarfs a population. People who live nearest the North Pole are very small—as, for example, the Eskimo and Lapps. Mummies three thousand five hundred years old, dug up in Egypt, are no bigger than the men of to-day. Armor from ancient graves might easily be worn by soldiers of the nineteenth century. One thing certain is that there never was a race of giants. Early explorers declared that the Patagonians averaged nine or ten feet in height. They are tall people, but the average man among them is less than six feet in height.

WHAT next? Is dyspepsia, too, due to germs? It would seem so, for Professor Raoul Pictet of Berlin has frozen out his particular dyspepsia and has set up in Berlin a Kalteklinik, or cold cure, for the "frigotherapeutic" treatment of diseases. He boxed himself up in a refrigerator, and reduced the temperature to minus 105 degrees centigrade; came out tingling and with a ravenous appetite; poor digestion forever gone!

YOUNG Stephenson, M. D., of Georgetown, Ohio, made a cheery call at our office the other day to settle for the JOURNAL for the coming year, and to give us some words of encouragement and commendation.

Dr. Stephenson is not only a capital doctor, but he is a man of affairs, interested in everything that concerns the general welfare. In the evening he was observed prominently seated among the notables on the platform at the great political meeting at Music Hall. However we may regard the doctor's political affiliations we know that he is a mighty good fellow, and he has our thanks and best wishes right along.

THE *Archives of Pediatrics* will commence its 13th year with the January number, under the business management of E. B. Treat, publisher, of New York, long identified with medical publishing interests. The "*Archives*" has been for twelve years the only journal in the English language devoted exclusively to "Diseases of Children," and has always maintained a high standard of excellence.

The editorial management will be in the hands of Floyd M. Crandall, M. D., Adjunct Professor of Pediatrics, New York Polyclinic, and chairman of Section on Pediatrics, New York Academy of Medicine.

T. D. FERGUSON, M. D., of Colfax, Wash., is one of the JOURNAL readers on the western slopes. He sent in his subscription for two years the other day. Dr. Ferguson gives special attention to the diseases of women and children, and is meeting with very flattering success.

CACTINA Pellets, manufactured by the Sultan Drug Co., of St. Louis, is a heart tonic, by continued use the nutrition of the heart is improved, the circulation regulated, and the entire system toned. It is a remedy strongly endorsed. A full size bottle. prepaid, by mail to any physician desiring to test the therapeutic value of Cactina Pellets.

THE board of health of Lima, Ohio, has declared the American Strawboard Co. located in that city, on the banks of the Ottawa river, a nuisance. Much of the sickness which has prevailed to an unusual extent for several years is attributed to this source of infection.

A FRENCH academician named Henrion some time ago figured it out that Adam was one hundred and twenty-three feet high and Eve one hundred and eighteen feet Noah was twenty-seven feet tall, Abraham twenty feet, and Moses thirteen feet. The alleged grave of Abel near Damascus is thirty feet long, and that of Noah, at Lebanon, two hundred and ten feet long. According to Henroin, only the advent of christianity prevented the diminishing human race from going out altogether. It is noticeable that since Biblical days there have been no giants among the Jews. Before the Deluge the earth was peopled by giants, who made war against the gods, and, not being acquainted with modern methods of warfare, used mountains for missiles.

Miss Mary Carr, operating nurse at St. Mary's hospital, Evansville, Ind., has decided to go to the leper colony in Louisiana and nurse the unfortunates there. She is a woman of great experience in surgical and medical cases. She is a native of Pittsburg.

Mrs. William McCallum, of Peebles, Ohio, while killing a chicken, was picked on the arm by a Brahma rooster. She died from the effects four days later. Her arm swelled to three times its normal size from wrist to shoulder and became brown.

An American physician, Dr. Fales, who has spent many years in China, has a high opinion of Chinese cookery, which, he says, is skillfully contrived to increase the digestibility of the food prepared. Whenever indigestible meats are to be used as food, he says, the cook increases their assimilative character by the use of peptoniferous tripe and vinegar.

The sixty-sixth semi-annual meeting of the Miami Valley Medical Association convened in Lockland, Ohio, Oct. 8th with Dr. J. A. Thompson, of Cincinnati, in the chair. There was a good attendance and several papers of unusual interest were read and discussed at length. Among them that of Dr. R. T. Trimble, of New Vienna, O., on "The Country Doctor;" "The Prevention of Pelvic Inflammation" by Dr. Rufus B. Hall, of Cincinnati, was regarded by all present as one of the ablest papers they had ever heard on this subject. Dr. Gustave Zinke, of Cincinnati, read a splendid paper on "The most Important Points in Management of Posterior Positions." There were other papers of equal interest and importance. The next meeting will be held the second Tuesday in May, 1896.

The funeral services over the body of Professor Louis Pasteur, the famous chemist and scientist, took place in the Cathedral of Notre Dame Oct. 5th. The coffin was removed from the Pasteur Institute, where the body had been lying in state. The funeral car was drawn by six horses, whose trappings were decorated with mourning plumes and tri-colored drapery. The procession was formed in front of the institute and marched to the cathedral. The funeral car was escorted by a batalion of the Garde Republicaine. The members of the Pasteur family were immediately behind the hearse and followed by the state dignitaries and deputations from the learned societies. The weather was clear and bright, but there were fewer people in the procession and forming the crowd of spectators than is usual upon the occasion of a national funeral. The streets in the Quarter Latin were lined with troops.

For Sale.—One Allen's surgical pump, known as physician's outfit No. 10—consisting of one 3½-inch pump and tube, one clamp to fasten to table, chair, etc., one set universal connectors, one tube connector, one glass cupper, one connector and cut-off for same, one stomach tube and connector, three aspirating needles, two tampons, one uterine dilator (small), one uterine dilator (large), two silk covers for same, two extra rubber bags for tampons, dilators, etc., all in a neat velvet lined leather case. Cost $15.00, will sell for $7.00. Good as new. Address C. G. Strobel, M. D., Doegeville, N. Y.

WHAT-DO-YOU-WANT?

DO YOU WANT ANYTHING YOU HAVE NOT GOT?
HAVE YOU GOT ANYTHING YOU WANT TO GET RID OF?

SAY SO IN THIS JOURNAL WITHOUT COST.

FOR SALE.—A practice that can be made to pay $4,000 per year, by a man with experience and tact,—also 111 acres good land, 2 houses, and 3 barns and two orchards on it, with an abundance of good water, good society, roads, schools and churches at hand, no competition. An unusually good opportunity for the right man. Address J. W. C. WEST, M. D. Peytonville, Tenn.

TO EXCHANGE.—One copy Polk's Medical and Surgical Register of the United States, 3d edition, for anatomical chart of medical battery. Address J. W. HAWKEY, M. D., Alanson, Mich.

FOR SALE.—An excellent country practice, without competition, paying cash from $1,200 to $1,500 a year, including personal property as follows: 1 5-year-old bay horse, 1 harness, 1 road wagon, 1 one-horse surrey (new July last), drugs and office furniture. Population of village 350, good graded school, good churches, excellent society, good roads and prosperous country tributary. Terms $250.00. For further details address DR. W. H. BUTTON, Parkman, Ohio.

WANTED.—A desirable location for a general practitioner. Have had fifteen years experience. Address DR. S——, Box 527, Gallipolis, O.

FOR EXCHANGE OR SALE—I have a new Columbia bicycle, 1894 pattern, model 36, clincher tire, weight 35 pounds, perfect in every particular. It cost $125.00. I will sell it for $85.00; or I would like to get for it a Yale operating chair. Address T. C. CONSER, M. D., Salona, Pa.

FOR SALE OR EXCHANGE—For its equivalent in what I can use. A 22 calibre repeating Marlin rifle, new—a physician's phæton with ball bearings, making it 80 per cent. lighter than the regular phaeton—solid leather tops with large beveled side lights, drawer under seat, side pockets for instruments, etc., made especially for a physician with R. L. Deitz's driving lamps on side; freshly painted and cannot be told from brand new—will sell at a bargain. A handsome solitaire diamond ring, stone weighing one karat, white and full of fire—will sell for $80, cost $125. A fine microscope with two objectives ¼ and 1-6-inch respectively, suitable for laboratory work, one 30-cell Watt and Bartlett Plug and Socket Battery, list $38, for $20; one Truax surgical pump cost $25, for $15; one operating chair cost $60, for $30; one Gray's anatomy, a Dalton's physiology, and Skeene, on Diseases of Women. Address J. A. MELDAU, M. D., Rockhill, S. C.